F# 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	10692 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH    2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmissjon)
y is necessary, I director. Page of operating of Jepantiment of Je	Frederick MARYLAND Maryland Montgomery
ay is necess. Il director, P Cor your file Department	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest fown)
ay is necial director for your Departme death.	Frederick 12 to 180 (8841/10- Nural 15/2
ay is n al direc for yo Depart	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?
-0 10	
>宣语语"	Freder 1C.K. Hemorial Haspital  3. NAME OF First Middle Last 4. DATE Month Day Year OF OF
h. If an to the fo be rela n the S hours	(Type or print) La CAT 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
rould be executed within 24 hours after death in pencil in Item 18, Give Pages 1, 2, and 3 Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2, yill of or removal, and in any event within 2	M WIDOWED DIVORCED DI
# C. B.	10s. USUAL OCCUPATION (Give kind of work   10b. KIND OF 8USINESS OR INDUSTRY   11, BIRTHPLACE (Stete or foreign equality)   12, CITIZEN OF WHAT COUNTRY   13, BIRTHPLACE (Stete or foreign equality)   12, CITIZEN OF WHAT COUNTRY   13, BIRTHPLACE (Stete or foreign equality)   12, CITIZEN OF WHAT COUNTRY   13, BIRTHPLACE (Stete or foreign equality)   14, BIRTHPLACE (Stete or foreign equality)   15, CITIZEN OF WHAT COUNTRY   15, BIRTHPLACE (Stete or foreign equality)   16, BIRTHPLACE (Stete or foreign equality)   17, BIRTHPLACE (Stete or foreign equality)   17, BIRTHPLACE (Stete or foreign equality)   18, BIRTHPLACE (Stete or foreign equality)   18, BIRTHPLACE (Stete or foreign equality)   17, BIRTHPLACE (Stete or foreign equality)   18, BIRTHPLACE (Stete or foreign equality)   18
hours ages 1, 3. Pag 3. Pag	air hime bilet-Eastern air himes Kansas 143
hin 24 hour Give Pages rm PM3. Pa File pages 1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
hin 24 Give Py File page	William asheralt Emma Jane Buckington
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unkown)   (Ifyesgive war or deleased service)
thed within 2 fem 18, Give with form P4 permit. File pend in any	Tus. 1942-1946 514-12-1620 Dolores asheroth. Pooles VIIIe Ha
4 × × × × × × × × × × × × × × × × × × ×	1 8. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (e).
uld be execui n pencil in lifice along vial-transit or removal.	PART I. DEATH WAS CAUSED BY: Massive Ventoneal Knowlage ONSET AND DEATH
be e and e all-fra	8234 DUE TO O 1 0 1.
ould be exection of the short o	Conditions, if ony, which ? (b) Repetured Junes
V D 4 F O	geve rise to immediate cause
certificate shor ord "pending" i Examiner's O be used as a b ital, cremation,	(a), stating the underlying of the chest - tractured Kelos
Example Use	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
5 5 - A - C	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPED PERFORMED?  PERFORMED.  PERFO
SR: This of the work Medical should burian to burian	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)
NEF ng t ef A	
Chi-ii-ii	20c. TIME OF INURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INVERY (Home, form, D20f. (City or lown) (County) (State)  Hour a.m.   While Not While of work
T MEDICAL EXAMINER: cute the certificate, writing the forwarded to the Chief Med. AL DIRECTOR: Page 3 should its designated agent, prior to	
7 5 5 5 B	21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry . and in my opinion
MEDICAL EXAMPLE THE CANADA CAN	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
War War	CHIEF MEDICAL EXAMINER
N o o l	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
executed by the second of the	EXAMINER'S DEPUTY MEDICAL EXAMINER
	NAME (Type) B.O. Thomas, Sr. M.D. Address (Street, city, town, or county)
DEP please 4 shoul PUN Health	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
5 245 <del>1</del>	23. FUNERAL DIRECTOR  ADDRESS  24b. REC'D BY REGISTRAR'S SIGNATURE
VR AISME	23. FUNERAL DIRECTOR  ADDRESS
5M 1/63	William Dittellow, Darnesille, md. JAN 17 1955 Clarle June

Actes - Telegraphia - Perce CA EGM-["- FSTO Lseries of the series of the se TOTAL SERVICE WESTERN - HORE SHELL TO DETT - TENTERN - HELLERY went Time desir

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funered director, page 3 should be detached for use as the buriel-transit permit. Then please remove carbon papers. Pages 1 and 2 should be gilled with the State Dept. of Health prior to buriel, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 20M S-63

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before ed STATE COUNTY C. STATE D. COUNTY

1.	PLACE OF DEATH				Ĭ :				esidence before edmission)
		Frederick		MARYL	AND	. STATE Mary	land b.	COUNTY Fre	derick
	b. CITY OR TOWN (if	outside corporete limit	ls,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	If outside corporete limit	s, write RURAL end	give necrest town)
		ederick		years		Fred	erick		15-7
	d. NAME OF HOSPIT	AL OR INSTITUTION (	if not in hosp	itel, give street eddres	s)	d. STREET ADDRESS			. IS RESIDENCE
		South Jeff	erson	Street		25 S	outh Jeffer	son St.	YES NO
3.	NAME OF DECEASED	First		Middle		Lest	4. DATE OF	Month	Dey Yeer
	(Type or print)		ldie	D.	_	artholow	DEATH	January	7 1.1- 1966
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. 1	DATE OF BIRTH		years   IF UNDER 1 Y	
	Female	White	WIDOWED			ug. 25-1883	legt birt 82	yrs. Months D	Peys Hours Min.
10-	e. USUAL OCCUPATI	ON (Give kind of work	10b. KII	ND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Coun	ty & State, or foreign co	ountry)   12. CITIZ	ZEN OF WHAT COUNTRY
	Housewife					Frederic	k Co. Md.	U	J.S.A.
13.	FATHER'S NAME			-	11	. MOTHER'S MAIDEN			
	Single	eton G. Gar	trell			Martha	Elizabeth S	purrier	
15.	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES?   16. S	OCIAL SECURET NO	17. KM	FORMANT		ddres Freder	ick. Md.
(1)	No No	yes give we rordetes of se	ervice)	HUMB 07214	Mr.	Harry S. B			
	18. CAUSE OF D	EATH  Enter only one	cause per lis	ns for (e), (b), end (c).		1 1 1			I INTERVAL BETWEEN
		WAS CAUSED BY:	Ca	reinona	at)	Read of pr	ancreas		ONSET AND DEATH
	1571	DUE TO			0				1 1 1 1 1 1 1 1 1
	Conditions, if any	which 7 [b]							
	geve rise to immedia	te cause							
	(e), steting the un	derlying							
z		SIGNIFICANT CONDIT	TIONS CONT	RIBUTING TO DEATH	BUT NOT I	RELATED TO THE TERMIN	AL DISEASE CONDITIO	ON GIVEN IN PART	III 19. WAS AUTOPSY
NT OF	***								PERFORMED?
FIC	20a. ACCIDENT WA	S UNDERLYING [7]	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter neture of injury in	Part I or Pert II of item	1B.)	YES NO
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)				(ama, maraya az mijary m	. , , , , , , , , , , , , , , , , , , ,		
MEDICAL	20c. TIME OF INJUR	RY Month, Day, Yee				OF INJURY (Home, farm, street, office bldg., atc.		(Count	ty) (State)
WED	Hour a.m.	19	While at work	Not While et work	rector y	A single of the	,		
	21. I certify th	at (I) (this hospit	al) attend	ed the deceased	from	Sept	1955 to da	2 19/	(i, that (i) (we) last
			*			ath occurred a2:	15MA from the car	uses and on the	date stated above.
	228. SIGNATURE	1111	/		- 11101 40	1			22b. DATE
	151	/ thom	as (/	1	M.D.	PHYS.	AED. STAFF	□ Jan	. 12-1966 SIGNED
	22c. PHYSICIAN'S	1111	7	-(-3	740.00	22d. ADDRESS			. 12-1700
	NAME (Type)	B.O.Thom	as, Ji	7.		Profession	nal Bldg	Frederick	, Md. 21701
23	REMOVAL (Specify)	ON, 236. DATE THER	EOF	23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LOCATION (C	ity, town or county)	(State)
	BURIAL	Jan. 13-	1966	Mt. Olivet			Frederic	k. Md. 21	701
24	FUNERAL DIRECTOR	S SIGNATURE ELL	rood -	TI ADDRESS THE	elme	250. REC	D BY REGISTRAR 25	b. REGISTRAR'S SI	GNATURE
_	M.R.Etchi	son & Son		Frederick,	Md.	21701 MAN	1 1966	garentes	Judge

BUSZE -21.520 711 25 School Party Heart I have been street ody - it woods The State of the S WEIVANIES The state of the same of the s The state of the state of the same of the state of the st The Committee of the Co - - W - - AUS 19 AND ALL CARD THE PROPERTY OF THE REAL PROPERTY OF the security self Tir Passing Mice. - county, a. - 210g .40 184044.0.4 poles on terration contains of the contains of

Page 4 may be retained by the huspital of attending progression of progression and completely filled in by the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by south and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4). 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OCCUPATION OF DEATH

00004					
1. PLACE OF DEATH a. COUNTY Frederick		MARYLAND	2. USUAL RESIDEN a. STATE Marylar	CE (Where deceased lived, If institution b. CDUNTY and Freder	
b. CITY DR TOWN (if or write RURAL and gl	itside corporate limits,	c. LENGTH OF STAY IN 1		f outside corporate limits, write RU	RAL and give nearest town)
Frederick		Months	Freder		10-1
		ospital, give street address	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Frederick Nur	sing & Conv.C	enter	Francis Sco	ott Key Hotel	YES NO D
3. NAME DF DECEASED (Type or print)	First MILDRED	Middle	BARTHOLOW	4. DATE Month DF DEATJanuary	Day Year 1. 1966
5. SEX 6. CD	LOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years IFUN last birthday) Monti	DER 1 YEAR FUNDER 24 HRS
Female Whi			June 13,1883	3 82 yrs.	
10a. USUAL OCCUPATION (GI during most of working life Self Employ	ve kind of work done even if retired) Ho	um of Business of ate house the L	d 11. BIRTHPLACE (C Frederick	County, Maryland	2. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME	
	anks Bartholo			Pambrills	
15. WAS DECEASED EVER IN (Yes, no, or unknown)   (If yes)	ive war or dates of service)		. INFORMANT	Address	Frederick,
No	52	7 28 1970 B.	O.Thomas, Jr.	.302 W.Second Stre	et, Md.
PART I, DEATH W.	(Enter only one cause per AS CAUSED BY: DIATE CAUSE (a)	line for (a), (b), and (c). 1  Action - School	the C.V.	).	ONSET AND DEATH
422/ Conditions, If any, w	DUE TO	emerolica	il Artisia	- sclervsis	15 Mas.
gave rise to immed cause (a), stating underlying cause last.	the DUE TD	)	71		
	(c)CANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
САТ	Cer	Irral Thr	milorio		PERFORMED?
PART II. OTHER SIGNIFI  20a. ACCIDENT WAS U  DR CONTRIBUTING (IF EITHER, NOTIFY M	CAUSE DF DEATH	DESCRIBE HOW INJURY OC	CURRED. (Enter nature o	of injury in Part I or Part II of Item	18.)
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year   20d. While 19 at wor	Not While fac	LACE OF INJURY (Home, f tory, street, office bldg.,		(County) (State)
	(I) (this hospital) attendative on		June 1 , 1	M. from the causes and c	9 <u>66</u> , that (I) (we) last on the date stated above.
22a. SIGNATURE	BOTE		ATTENDING (2)	22b	n.3,1966
22c. PHYSICIAN'S NAME (Type)	B.O.Thomas	Jr.M.D.	22d. ADDRESS	cket Street, Freder	ick, Md.
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	Jan 3.1966	Marvin Chapel	Cemeterv	23d. LOCATION (City, town of Plain #4.Frederi	ck. Warvland
24. FUNERAL DIRECTOR	dougle	m address fraction aryla	delles 25a. RE	6 1966 FEEDSTRAN 250 REGISTION	RAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edimission) . COUNTY I director, Page or your files. e. STATE b. COUNTY ŏ Brederick MARYLAND Maryland Frederick **Department** b. CITY OR TOWN (if outside corporate limits 4. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give negrest town) for your Rura1 Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? the funeral Route #6. Frederick Route #6. retained in State YES NO J. NAME OF Middle 4. DATE Month Day Year DECERSED (Type or print) CHARLES H. BELL. DEATH January 13 1966 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years LIF UNDER I YEAR IF UNDER 24 HRS. last birthdoy) Months Hours WIDOWED | Male. White November 23, 1922 2, al and and 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign equatry) 1-12, CITIZEN OF WHAT COUNTRY? please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page done during most of working life, even if retired U.S.A. file pages 1 Engineer Technician Fort Detrick Frederick County, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in any Viola M.Wright Orman T. Be11 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permif. (Yes, no, or unkown) | (Ifyesgive werer detesofservice) removal, and No Mrs.Gladys Bell(Same as item #2) MEDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) **DUE TO** ŏ cremation geve rise to immediate cause 0 DUE TO 95 (e), stelling the underlying be used PART II. OTHER SIGNIFICANT CONDITIONS CERTIFICATION WAS AUTOPSY burial, PERFORMED? YES NO 1 should be forwarded to the Chief Medica FUNERAL DIRECTOR: Page 3 should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of item 18.) prior to PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, ) 20f. (City or town) (County) (Stota) fectory, street, office bldg., etc.) designated agent, While Not While el work et work 21. I certify that I took charge of the remains described above, held an Autopsy () Inspection Inquiry and in my opinion death resulted from: Suicide Undetermined manner Natural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SEGNED SEGNATURE or its DEPUTY DEPUTY MEDICAL EXAMINER EXAMENER'S B.O. Thomas . Sr. M. D. NAME (Type) Address (Street, city, town, or county) 4 shoul FUN Health 22a, BURIAL, CREMATION, 1 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Mount Oliyet Cemetery Burial Jan. 17, 1966 Frederick, Maryland 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME M.R. Etchison & Son, Frederick, Maryland 5M 1/63

t \_\_\_\_\_ 100 CONTRACTOR OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE THE PERSON OF A T 1 2.9% W factors are strong (No.) A control of the Section of the Section of Take South Commence of the state of the stat 

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH DIVISION 1636 CERTIFICATE OF DEATH

- 1					
	1. PLACE OF DEATH Frederick	MARYLAND	2. USUAL RESIDENCE Maryfand		f Institution: Residence before admission) COUNTY FEGERICK
	b. CITY OR TOWN (If outside corporate lin write RURAL and give nearest town) F'rederick	nits, c. LENGTH OF STAY IN 16	c. city or town (if Middleto		s, write RURAL and give nearest town)
,	d. NAME OF HOSPITAL OR INSTITUTION (IF Frederick Memorial		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO \(^2\)
	3. NAME OF DECEASED (Type or print) Sobhio	Middle	Biser	OF DEATH Va	
	5. SEX 6. COLOR OR RACE 7. N	MARRIED NEVER MARRIED TO DIVORCED DIVORCED	8. DATE OF BIRTH Dec. 29,18	81 9. AGE (In ye gest birthd	ears IFUNDER 1 YEAR IFUNDER 24 HRS (ay) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress	Own Home	Maryland	ounty & State, or foreign co	U.S.A.
	13. FATHER'S NAME Cyrus T. Biser		Sarahin De		
Ì	15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unkown) (If yes give war or dates of servi	ica)	yrus Rudy		own, Md.
	18. CAUSE OF DEATH (Enter only one cau PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	ise per line for (a), (b), and (c).]  Ocute Cov	many I	hrombori	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate (b)_	atherneles	the Hen	t Disas	
	cause (a), stating the DUE TO underlying cause last.				WAS AUTODOX
	PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				YES NO
2		20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature o		
	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED 20e. PI While Not While at work at work	ACE OF INJURY (Home, fi tory, street, office bldg., e	arm, 20f. (City or tow	n) (County) (State)
	21. I certify that (I) (this hospital) saw the deceased aliye on	attended the deceased from a	at death occurred at	966 to 25 ye 2 PM, from the cau	that (I) (we) lasses and on the date stated above
	22a. SIGNATURE Henry V	Chasa "	.D. PHYS.	MED. STAFF DIRECTOR PHYS.	25 Jan 66
	22c. PHYSICIAN'S HER ry	V. Chase	4E.Ch	urch Stf	Federick, Md
	Barneya Ispecify) Jan. 28,	1966 Reform Cer	metery	Middleto	
1	Gladhill Co.	Middletown, Mo		V 2 8 1956	REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS, 301 W. PRESTON STREET, RALTIMORI

	00697	N OF STATISTICAL K	CERTIFICAT	•		BSSB
1.	PLACE OF DEATH	derick	Maryland	2. USUAL RESIDENC a. STATE Marylan	E (Where deceased lived, If instituti b. COUNTY Frede	
	b. CITY DR TDW	N (if outside corporate limits and give nearest town)			outside corporate limits, write R	
	d. NAME OF HOS	derick SPITAL OR INSTITUTION (If no	2 Days t in hospital, give street address)	Frederic	ck /	e. IS RESIDENCE
Fr	rederick	Memorial Hospi	tal.	Betsy Ross	Frailer Court	ON A FARM? YES NO K
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
5.	(Type or print) SEX	6. CDLOR OR RACE   7 MAR	М.	BRINEGAR 8. DATE OF BIRTH	19. AGE (In years LIF UN	29 19 66
Fe	male	White WIDO	WED DIVORCED ON KIND OF BUSINESS OR	anuary 18, 1	1919 47 yrs.	VDER 1 YEAR IF UNDER 24 HRS. ths Days Hours Min. 2. CITIZEN OF WHAT
	ousewife	ng life, even If retired)	INDUSTRY	Monbrose, W.		COUNTRY? U.S.A.
13.	FATHER'S NAM	E		14. MOTHER'S MAID	EN NAME	
		J. Collett		Hazel D. H		
15 (Yes	WAS DECEASED I	VER IN U.S. ARMED FORCES? (If yes give war or dates of service)		INFORMANT	Address	
_		DEATH (Enter only one cause		rrest Brines	gar, Frederick, Mar	yland
MEDICAL CERTIFICATION	Conditions, If gave rise to cause (a), si underlying caus PART II. OTHERS  20a. ACCIDENT DR CONTRIBUTI (IF EITHER, NOT 20c. TIME OF I Hour a.m. 21. I certiff saw the dec 22a. SIGNATURE 22c. PHYSICIA NAME (Ty	Immediate ating the DUE TD e last. (c) IGNIFICANT CONDITIONS CONTINUED CONTI	od. INJURY OCCURRED 20e. PLA factor work 1 at work 1 tended the deceased from 1 and that 1 and 1	JERED. (Enter nature of CE DF INJURY (Home, fairy, street, office bldg., et death occurred at Jeres). ATTENDING PHYS. 22d. ADDRESS 700 Monto	Injury in Part 1 or Part 11 of iter  Im, 20f. (City or town)  L., to, 1  2M, from the causes and  AED. STAFF Ja  PHYS. Ja  Laire Avenue, Free	(County) (State)  (County) (State)  (State)  (County) (State)  (DATE SIGNED and and addrick, Maryla
23a.	BURIAL, CREM REMDVAL (Spe Burial	ATION, 236. DATE THEREDE	6 Flower Hill Co		Gaitherburgs, Mo	
24.	FUNERAL DIRE	CTOR revuell	W. ADDRESS Frede	25a. REC	D BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
	M.R.Etc	hison & Son, Fr	ederick, Maryland	DATE- 5	1 1966	Las Just

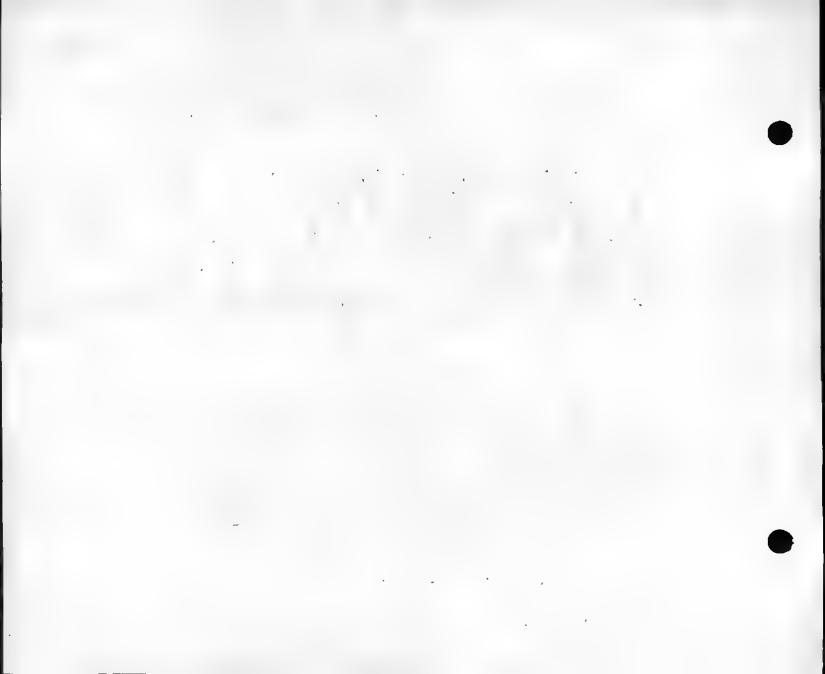
VR AI5 (4) 20M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

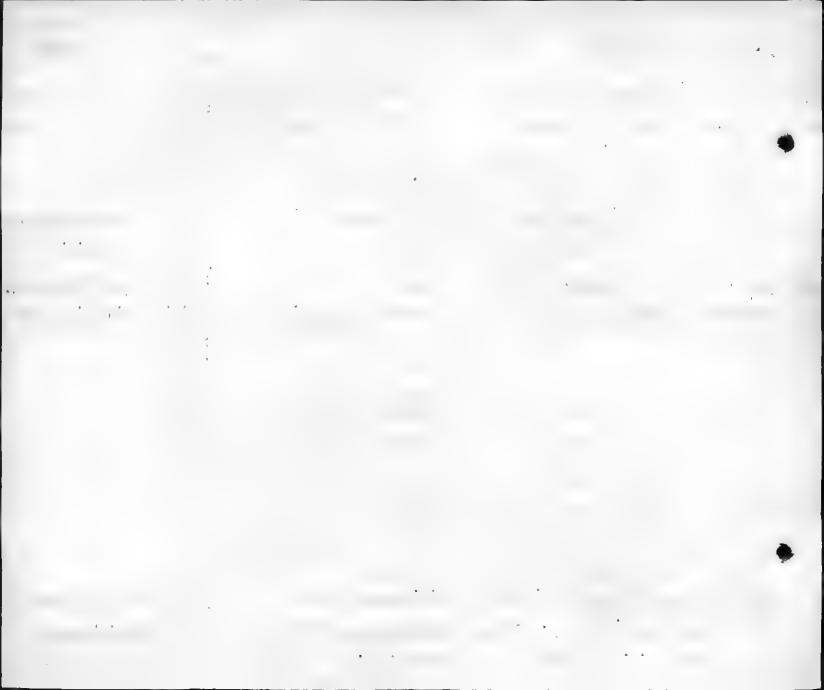
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please fundy carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.



7_1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	/I AND
= = 0.6	CERTIFICATE OF DEATH	C C 1
be executed within 24 hours after death. The beta executed within 24 hours after death. The same of the funeral prease remove carbon papers. Pages 1 and 2, and in any event, within 72 hours after death.	1. PLACE OF DEATH a. COUNTY a. COUNTY	ce before admission)
ter the fu	Frederick Maryland Muruland tacker	ick
by t Page Irs a	b. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN of outside corporate limits, write RURAL and give negrest town)	glve nearest town)
hour hours. 2 hou	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street/address) d. STREET ADDRESS	e. IS RESIDENCE
Page 1.1	Frederick Mouroial Hospital	ON A FARM? YES NO 4
be executed within yan and completely assert that it any event, with it in any event, with	3. NAME OF First Mylidle Last 4, DATE Month Da	
ompl	(Type or print) CHARLES WESLEY BRUNNER DEATH JOHN, 6	19 6 6 R{IF UNDER 24 HRS
recut	m widowed Divorced June 25, 1905 GO yrs.	
Fan a	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDISTRY 12. CITIZE	OF WHAT
an a	13. FATHER'S NAME 14. Driver auto Parts Trederick CO. Md. U.S.	9
Triffic Then Then Thom	Francis & Brunning Que R. Wilson	
h ce it. Jit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	1
deat deat ne at pern lion,	120-10-5018 Mars Mabel E. Beunner, Fred. Rb	md.
The law requires that the death certificate between or attending physician. Cate has been signed by the attending physician r use as the burial-transit permit. Then piease eaith prior to burial, cremation, or removal, and in	PART I, DEATH WAS CAUSED BY: POLA VENE O	ERVAL BETWEEN
that the physician, signed by i	33/X DUE TO 1	7
uires tha s physic n signe burial-t	Conditions, If any, which gave rise to immediate (b). Affect Current	Mexam
The law requires that the or attending physician, sate has been signed by ruse as the burial-trams eaith prior to burial, cree	cause (a), stating the DUE TO	
atter atter e has se as		WAS AUTOPSY PERFORMED?
al or al for un. Health	O ACCIDENT WAS INDESTRUCT 1 205 DESCRIPTION INTERVOLUCION (Factor return of laboration for the Dark Los Born 19)	YES NO
CIAN Ospit certi hed (	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 202. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200.	
PHYSICIAN: the hospital this certifi detached fo e Dept. of H	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
NG N Dy 1 State		
OR ATTENDING PHYSICIAN: be retained by the hospital NRECTOR: After this certific e 3 should be detached for	21. I certify that (I) (this hospital) attended the deceased from 1966, to 1966, to 1966, to 1966, and that death occurred a 204M, from the causes and on the day	that (I) (we) last
A ATT SECTION 3 Straight	22b. DATE S	
AN DISTRICT	224 PHYSIGIAN'S M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hospital or attent of FUNERAL DIRECTOR. After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health price	224. PHYSICIAN'S NAME (Type) JAMES B. THOMAS Professional Bldg. Fred.	ml
Page D FU direct	23a. BORIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
5	Burial 18/66 mt. Oliver Counting Treferick  24. FUNERAL DIRECTOR ADDRESS 1258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	MATURE.
VR A15 (4)	4. C. Barton walkersville, md. pate(N 10 1958) " " under &	ud.
15M 4-64		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE MEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; flesidence before edmission) - COUNTY a. STATE b. COUNTY 3 to the funeral director, Page 3 to the funeral director, Page 100, 100 to the files. Frederick is necessary, New York Monroe MARYLAND b. CITY OR TOWN (if outside corporate limits, s. LENGTH OF STAY IN 16 c. CITY OR TOWN III outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Near Point of Rocks Rochester d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitef, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? U.S. Route 15 794 Ridgeway Avenue State after YES NO TO NAME OF 4. DATE Day any Middle DECEASED Cecile DEATH [Type or print] M. Burke January 19 66 DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. lease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may 50 PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with all hor its designated agent, prior to burial, cremation, or removal, and in any event within 72 ha 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years ) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX last birthdey) Months Female White June 1h = 1898WIDOWED TO DIVORCED I 10s. USUAL OCCUPATION [Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign equatry) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife New York U.S.A. 14. MOTHER'S MAIDEN NAME 13: FATHER'S NAME Not available Not available 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Pompano Beach-Fla. Not available Joseph K. Burke-1520 S.W. 63rd. Ave. is. CAUSE OF DEATH lEnter only one causy per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) peve rise to immediate cause **DUE TO** la), stalling the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO TI 20s. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item IB.) PRIMARY S. or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm 2Dc. TIME OF INJURY (Stete) Month, Day, Year (County) A factory street, office bldg., atc.) Not While at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide [ CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE\_ DEPUTY MEDICAL EXAMINER EXAMINER'S B.O. Thomas. Sr. M. D. TO FU. Health NAME (Type) Address (Street, city, lown, or county) 226 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Steta) REMOVAL (Specify) Washington 18, D.C. Jan. 7-1966 Fort Lincoln Crematory 24s. REC'D BY REGISTRAR | 24b, REGISTRAB'S SIGNATURE VR A15ME tchison & Frederick, Md. 21701 5M 1/63





death.

after

24 hours

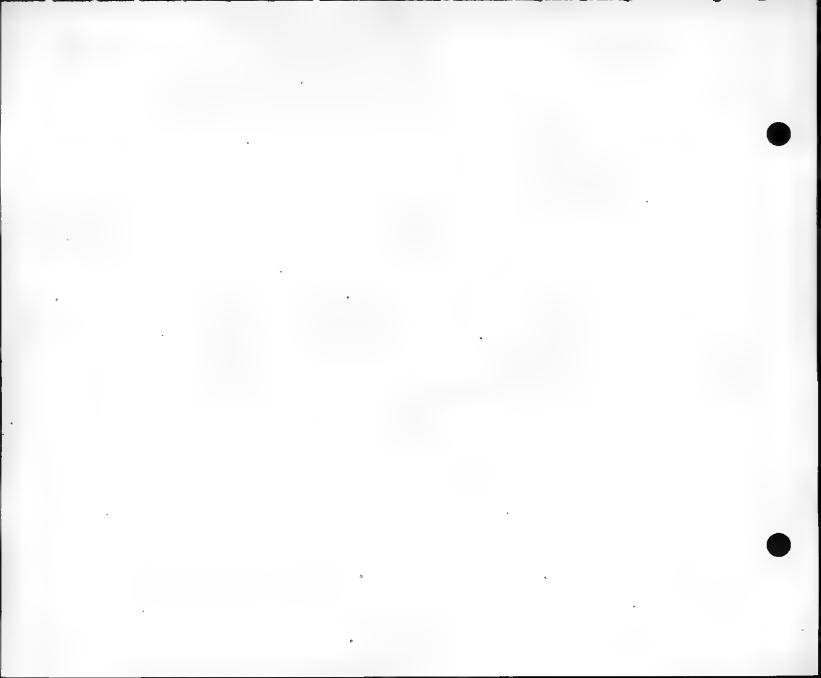
funeral and 2 death. r filled in by the fu papers. Pages 1, in 72 hours after d ATTENDING PHYSICIAN: The law requires that the death certificate be executed within retained by the hospital or attending physician. be B Fage 4 may may director should b

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02	L.P.	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Frederick Mary Tand Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, wite RURAL and give nearest town)
MICGLETOWN C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 22 tears Middletown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 East Main St. NOTE YES 3. NAME OF First Day Middle DATE Month Year Cline DECEASED Alice Α. OF 1966 Jan. (Type or print) DEATH 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED [ NEVER MARRIED ( last birthday) | Months | Days White 6,1880 Hours July Female WIDOWED F DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) Own Home U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clinton O. Remsberg Amanda Wiles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no, or unkown) (If yes give war or dates of service) None Middletown, Md. Mrs. Mary Flook INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
, IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 19. PERFORMED? NO A YES [ 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part |) of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a,m. **Not While** 19 at work at work p.m. 1963 an 21. I certify that (!) (this hoppital) attended the deceased from that (I) (we) last saw the deceased alive on and that death occurred at: A. M. from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF ATTENDING M.D. DIRECTOR PHYS. PHYS PHYSICIAN'S address daletown, Maryland Harp M.D Elmer NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Bufffat (Specify) 3,1966 Feb. Lutheran Cemetery Middletown. Md. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Middletown,

VR A15 (4) 20M 1/65

Gladhill



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removament papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	- 0,000
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Frederick	a. STATE b. COUNTY Maryland Frederick
b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Frederick Days	Rural
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  O. IS RESIDENCE ON A FARM?
Frederick Memorial Hospital	Route #4, Frederick YES X ND
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print)	COOK   DEATH January 1,1966 19
7. MARKIED X NEVER MARKIED	8. DATE OF BIRTH 9. AGE (in years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
10a, USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country)   12. GITIZEN OF WHAT
during most of working life, even if retired) industry  Retired Farmer	Frederick County, Laryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George E.Cook	Elmira Stockman
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) 219 36 2812 Hrs	s.Nora Cook(Same as item #2)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
2 / a Y	from Urinary Lutedion, Chronic
Conditions, if any, which ) DUE TO BONION Prostat	ic Hypertrophy = Ureniz
gave rise to immediate (	TE TITE OF CHAPE
cause (a), stating the DUE TO probetes	Mellitus
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
OBESITY ! Arterioseler	PERFORMED?
208. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
12 Name - I facto	GE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m.  p.m.  19 While Not While at work at work	131 et cett omgestees)
21. I certify that (I) (this hospital) attended the deceased from	12 -27 1961 to /-/- 1966 that (1) (wed-last
saw the deceased alive on 1-1- 1965, and that	t death occurred a 3:75 M, from the causes and on the date stated above.
22a. SIGNATURE)	ATTENDING MED. STAFF TO TOWN 7 1 1066
M.I Cover M.I	D. PHYS. A DIRECTOR PHYS. DESTRUCTY TO THE
22c. PHYSICIAN'S NAME (TYPE) ROBERT D CROUCH	22d. ADDRESS Tall House Kive Frederick M
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	(12)
Burial (Specify) Jan.4,1966 Mount Olivet	
24. FUNERAL DIRECTOR Severald M ADDRESS Frede	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
M.R. Etchison & Son, Frederick, Mary	land pare N 4 1966 Comment

VR A15 (4) 15M 4-64



	MARYLAND STATE DEPARTMENT OF HEALTH	
		/LAND
_	00703 CERTIFICATE OF DEATH	56
	a. COUNTY Trederick  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence a. STATE b. COUNTY Trederick  MARYLAND  MARYLAND	£ _
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give no LENGTH OF STAY IN 1b c. CITY OR JOWN (If outside corporate limits, write RURAL and give no Lovelsburg)	1
773.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Liderick Mineral Hospital  NAME OF  Note:  Month Day	ON A FARM? YES NO
5.	(Type or print) HANSON FARLY CRUM DEATH 9000, 13 5. SEX 6. COLOR OR RACE 7. MARRIED TATREY MARRIED TO 8. DATE OF BIRTH 19. AGE (In years   IF UNDER 1 YEAR)	19 66 IF UNDER 24 HRS.
10:	M WIDOWED DIVORCED Query 6 1879 State, or foreign country) 12. CITIZEN OF	Hours Min.
_	James of working life, aven if retired)  Fature  J. Mother's Majoen Name  14. MOTHER'S MAJOEN NAME  14. MOTHER'S MAJOEN NAME  15. MOTHER'S MAJOEN NAME  16. S. MOTHER'S MAJOEN NAME  17. MOTHER'S MAJOEN NAME  17. MOTHER'S MAJOEN NAME  18. MOTHER'S MAJOEN	A
15/ (Yi	Jacob L Lynn Hancy Elis, Wroneburg  F. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Tes, no. or unknown) (Ifyas give war or dates of service)  219-36-25714 Mrs. Willred 111 somerade 4 Mag	Fred, My
	18. CAUSE OF DEATH  Enter only one cause per line for (a), (b), and (c).	ERVAL BETWEEN SET AND DEATH
	Conditions, if any, which gave rise to immediate cause [a), stating the undarlying DUE TO  Course last.  DUE TO  Congulur mycardid bathur  (c)	yeur.
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19	PERFORMED?
CERTIFICATION		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, fectory, sireel, office bldg., etc.)    Hour a.m.	(State)
	21. I certify that (I) (this hospital) attended the deceased from	
	22a. SIGNATURE  M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. []  22c. PHYSICIAN'S  22d. ADDRESS	22b. DATE SIGNED
	NAME IT JAMES E. STONER, JR WALKERSUILLE, Md.	
	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county)  BULLIAL  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADD	Tref



#		00704			CERTIF	ICATE OI	DEATH			00687
1.		ACE OF DEATH	ederick		MARYI	a. ST		Where decessed lived, Land b, co	, If Institution, Res	ederick ederick
		write RURAL and	•		c. LENGTH OF STA	11	Bruns	tside corporate limits, v VICK	writa RURAL and	give nearest town)
_	d.	IO2 Ea	ick ktok nystitytioj st A	N (if not in hoss treet	pital, giva streat addre	d. 53	REET ADDRESS			ON A F
3.	DE	AME OF CEASED 'pa or print)	JAMES "	iest <u>F</u>	DWARD	CULMINGS	Last 4.	DATE MO OF DEATH	outh ?	3° Y ***6
	5. SE	Male	MILLO	WIDOWE				(Adm birthda	i. ///	ays Hours
10	doria	MACHINE MACHINE	ON (Give kind of w		nd of business or nmaster O R.R.	Mar Mar	yland	State, or fore gn count	12. CITIZ	EN OF WHAT COL
1	3. F/	ATHER'S NAME	orge Cur		O TIPE	i4. MOI	ta Boot	NE NE	-	
11 0	5, W Yes, r	AS DECEASED EVE	R IN U.S. ARMED F	ofservice)	SOCIAL SECURITY NO	Bessye	Cumming:	s Brunsw	ick Ma	ryland
	7									
	"			one cause per la	5-05-789 na for (a), (b), and (c) ured Abde		ortic Ar	neurysm		INTERVAL BETWO
	c	PART I. DEATH II  Onditions, if eny,	WAS CAUSED BY: MMEDIATE CAUSE DUE 1	ne cause per le	na for (a), (b), and (c ured Abd	ominal A		neurysm ular Dise	ase	ONSET AND DEA
	C 9:	PART I. DEATH  ionditions, if eny, ave rise to immedia a), stating the un	WAS CAUSED BY: MMEDIATE CAUSE  DUE 1  which ta cause dadying	na cause per le la Rupt TO (b) Arte:	na for (a), (b), and (c ured Abde riosclere	ominal A			ase	onser and per 15 mir 5 yrs
NOTA	C 9:	PART I. DEATH  conditions, if eny, ave rise to immedia  a), stating the un ause last.	WAS CAUSED BY: MMEDIATE CAUSE  DUE 1 which ta cause darlying	Ruption Arte:	na for (a), (b), and (c) ured Abde riosclere	ominal A otic Car physema	diovascu			5 yrs
CERTIFICATION	C 9:	PART I. DEATH  onditions, if eny, ave rise to immedia a), stating the un ause last.  PART II. OTHER  De. ACCIDENT WAR R CONTRIBUTING	WAS CAUSED BY: MMEDIATE CAUSE  DUE 1 which ta cause darlying	no cause per lice (a) Rupt (b) Arte:  TO (c) Pulme (d) P	na for (a), (b), and (c) ured Abde riosclere onary Emp	ominal A otic Car physema	diovasci	ılar Dise		15 mir 5 yrs 10 yrs 10 yrs
WEDICAL CERTIFICATION	C SERVING ON THE SERV	PART I. DEATH  onditions, if eny, ave rise to immedia a), stating the un ause last.  PART II. OTHER  CONTRIBUTING F EITHER, NOTIFY  Do. TIME OF INJUR Hour a.m.	WAS CAUSED BY MEDIATE CAUSE  Which is cause darlying DUE  SIGNIFICANT COM  SUNDERLYING CAUSE OF DEAT MEDICAL EXAMINITY	cone cause per licitation (a) Ruptino (b) Arte.  TO (c) Pulme (c)	ne for (a), (b), and (c) ured Abde riosclere onary Emp TRIBUTING TO DEATH CRIBE HOW INJURY OF NJURY OCCURRED NOW While	ominal A otic Car physema H BUT NOT RELATED DOCCURED. (Enter null 2Do. PLACE OF INJ	diovasci	LIAR DISE		5 yrs 10 yrs 19 WAS AUT PERFORM YES NO
	WEDICAL CERTIFICATION	PART I. DEATH  in onditions, if eny, ave rise to immedia a), stating the un ause last.  PART II. OTHER  De. ACCIDENT WA R CONTRIBUTING I EITHER, NOTIFY  Do. TIME OF INJUR Hour a.m. p.m.  1. I certify the	WAS CAUSED BY MEDIATE CAUSE  which is cause darlying  SIGNIFICANT COM  S UNDERLYING  CAUSE OF DEAT MEDICAL EXAMINITY  Month, Day,  15  at (1) (this hos	cone cause per licital Ruptino (a) Ruptino (b) Arte:  TO Pulme (c) Pulme (d)	TRIBUTING TO DEATION OF THE PROPERTY OF THE PR	ominal A otic Car physema H BUT NOT RELATED OCCURED. (Enter nat) factory, street, d from Oct.	TO THE TERMINAL  TO THE TERMINAL  Ura of Injury in Parl  URY (Home, farm, office bldg., atc.)	DISEASE CONDITION  Tor Pert II of Item 18.)  201. (City or town)	GIVEN IN PART 1	5 yrs 10 yrs
	CC 99 (a a a a a a a a a a a a a a a a a a	PART I. DEATH  onditions, if eny, ave rise to immedia a), stating the un ause last.  PART II. OTHER  De. ACCIDENT WAR R CONTRIBUTING I EITHER, NOTIFY  Do. TIME OF INJUR Hour a.m. p.m.	WAS CAUSED BY MEDIATE CAUSE  which is cause darlying  SIGNIFICANT COM  S UNDERLYING  CAUSE OF DEAT MEDICAL EXAMINITY  Month, Day,  15  at (1) (this hos	cone cause per life (a) Rupt (b) Arte:  TO (b) Arte:  TO (c) Pulme	TRIBUTING TO DEATION OF THE PROPERTY OF THE PR	ominal A otic Car physema H BUT NOT RELATED CCCURED. (Enter nat 2Da. PLACE OF INJ factory, street, d from. Oct. and that death on	TO THE TERMINAL  ura of injury in Parl  URY [Home, farm, office bldg., atc.]	DISEASE CONDITION  Tor Pert II of Item 18.)  201. (City or town)  8. to Jan. 3.  M. from the cause	(County)	5 yrs 10
	WEDICALICATION OF THE PROPERTY	PART I. DEATH  in onditions, if eny, ave rise to immedia a), stating the un ause lost.  PART II. OTHER  De. ACCIDENT WA R CONTRIBUTING F EITHER, NOTIFY  Do. TIME OF INJUR Hour a.m. p.m.  1. I certify the	WAS CAUSED BY MARDIATE CAUSE  Which to cause darlying DUE  SIGNIFICANT CON  SUNDERLYING CAUSE OF DEAT MEDICAL EXAMINITY  Month, Day,  15  at (1) (this hosed alive on	cone cause per life (a) Ruptino (b) Arte:  TO (c) Pulme	TRIBUTING TO DEATION OF THE PROPERTY OF THE PR	ominal A otic Car physema H BUT NOT RELATED DOCCURED. (Enter risk 2De. PLACE OF INJ factory, street, d from. UCt. and that death or M.D. PHY: 22d.	TO THE TERMINAL  ura of injury in Parl  URY (Homa, farm, office bldg., atc.)  1, 19  ccurred af  RDDING MED.  ADDRESS	DISEASE CONDITION  Lor Pert II of Item 18.)  201. (City or town)  8. 10 Jan 3  M. from the cause  TOR STAFF PHYS. [	(County) (Co	5 yrs 10 yrs 11 yrs 12 yrs 12 yrs 13 yrs 14 yrs 14 yrs 15 yrs
MEDICAL	C 9 (a a a a a a a a a a a a a a a a a a	PART I. DEATH  I. Jonditions, if eny, ave rise to immedia a), stating the unause lost.  PART II. OTHER  De. ACCIDENT WAR CONTRIBUTING PETHER, NOTIFY  Do. TIME OF INJURHOUT a.m., m.  I. I certify the aw the decease 2a. SIGNATURE  2c. PHYSICIAN'S NAME (Type)	WAS CAUSED BY MARDIATE CAUSE  Which to cause darlying DUE  SIGNIFICANT CON  SUNDERLYING CAUSE OF DEAT MEDICAL EXAMINITY  Month, Day,  15  at (1) (this hosed alive on	one cause per line (a) Ruptino (b) Arte:  TO Arte:  TO Pulmino (c)	TRIBUTING TO DEATI	physema H BUT NOT RELATED  CCCURED. (Enter na)  2De. PLACE OF INJ factory, street, d from. UCt. nd that death on  M.D. ATTI PHY.  22d.	TO THE TERMINAL  Ura of Injury in Parl  URY [Home, farm, office bldg., atc.]  Courred al  INDING MED.  ADDRESS (TORY)	DISEASE CONDITION  Tor Pert II of Item 18.)  20f. (City or town)  8 to Jan 3  M, from the cause	(County)  GIVEN IN PART 1  (County)  Jan.  g Holl  , Md.	5 yrs 10



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH -pjnous 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence hours e. COUNTY b. COUNTY Washington by the and 2 death/ Frederick Marvland MARYLAND b. CITY OR TOWN (if outside corporete illmits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL end give neerest town .⊑ Since 11/20/54 Williamsport Frederick Pages filled : d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address d STREET ADDRESS hours Maryland Odd Fellows Home papers. in 72 hou completely 3. NAME OF Middle 4. DATE DECEASED OLIVE SARAH DAVIS January 11. (Type or print) DEATH 6 COLOR OR RACE T. MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In years ) IF UNDER 1 YEAR last birthday) White Female 2 April 1878 WIDOWED DIVORCED [ remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Williamsport. Md. House-work Own Home please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME A. Missouri Kendle Issac G. Bomberger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ! [[fyes give wer or dates of service] Maryland Odd Fellows Home (Same as item #1) No None permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] been signed by ঠ PART I. DEATH WAS CAUSED BY: has been signed he burial-transit p urial, cremation, IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying DIRECTOR: After this certificate is should be detached for use as the State Dept. of Health prior to bu PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. prior CERTIFICATS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED I 20e, PLACE OF INJURY (Homa, ferm, ! Month, Dev. Year factory, street, office bldg., atc.) Not While et work at work p.m. 19 € Z. to 21. | certify that (I) (this hospital) attended the deceased from.... 5M, from the causes and on the date stated above. saw the deceased alive on .... 22e SIGNATURE death. Page 4
TO FUNERAL
director, page 3
be filed with His PHYS. DIRECTOR PHYS. HOSPITA 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) B. O. Thomas. M. D. 6-A Watkins Acres. Frederick. Md. 21701 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 1/14/66 River View Cemeterv Williamsnort. Md. Burial 25mg REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE Frederick. Md./ M. R. Etchison & Son. DATE N

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE

YES NO K

1966

IF LINDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

□ NO K

(State)

22b. DATE

1966 SIGNED

(Stete)

12. CITIZEN OF WHAT COUNTRY?

Months

(County)

12 Jan

ON A FARM?

VR A15 (4) 20M 5-63



RTMENT OF HEALTH OF STATISTICAL RESEARCH **BALTIMORE 1. MARYLAND** CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) . COUNTY b. COUNTY by the land 2 : death. MARYLAND b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 ate limits, write RURAL write RURAL and give negrest town) filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO IN-3. NAME OF Middle DATE Month DECEASED OF [Type or print) DEATH Carbon, 1966 AGE (In years | IF UNDER ) YEAR IF UNDER 24 HRS 7. MARRIED LANEVER MARRIED pue lest birthday) Months WIDOWED [ DIVORCED VIS. physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME Ple IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Ilfvesoive werordetes of sarvice) permit. 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN signed by ò ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (e), steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 52 CERTIFICATION PERFORMED? prior NO F 200 ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) R: After this detached for t. of Health p OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ) Month, Day, Year 20f. (City or lown) (County) (State) fectory, street, office bldg., etc.) Hour e.m. While Not While at work el work p.m. (we) last 21. [ certify that (1) (this hospital) attended the deceased from....... 10 ....7 pino 19.12.2, and that death occurred at 0.7 M, from the causes and on the date stated above. saw the deceased alive on., 22s. SIGNATURE 22b.) DATE ATTENDING SIGNED death. Page 4 TO FUNERAL
director, page 3 DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS HOSPI NAME (Type) 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, lown or county (State) BEMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE REGISTRAR'S 26a. REC'D BY REGISTRAR 25b. VR A15 (4) 20M 5-63



be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by acidan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TH MOSPITAL BY NTTENDING PRYNCIAL The law requires that the meath certiff lage 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

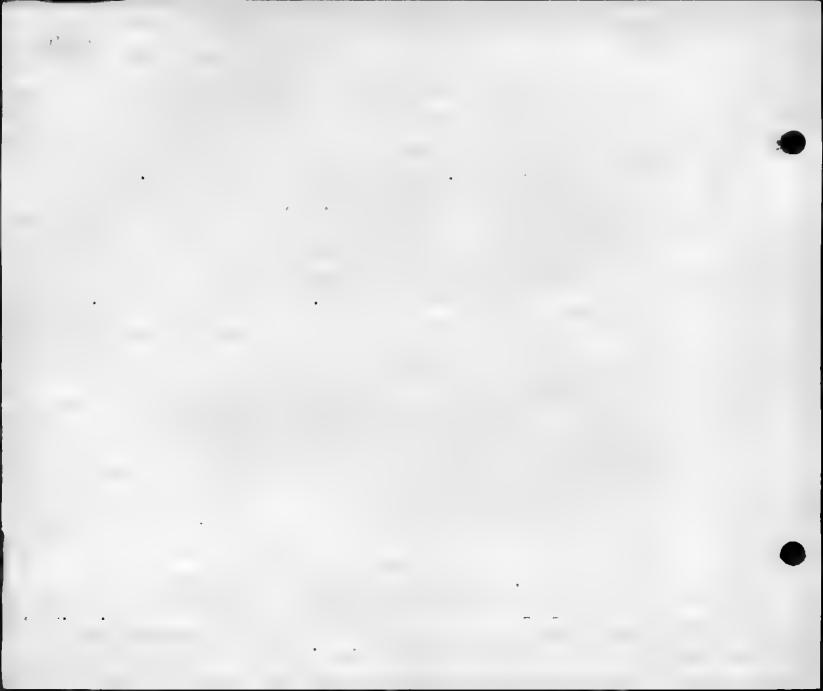
	10707				CERTIF	-ICAT	E OF DEATH				06590
1.	PLACE OF DEATI	Н					2. USUAL RESIDENCE	(Where dece			sidence before admission)
	a. GOORTT	F	rede	rick	MAI	RYLAND	a. STATE	vland	B. COUN	n Fre	derick
	b. CITY OR TOW write RURAL		rporate lim		LENGTH OF ST		c. CITY OR TOWN (If ou	V			
	Fr	ederica	ς		3 vea	rs	Rural	Mt.	Airv	1	/
	d. NAME OF HO					address)	d. STREET ADDRESS	// 0	v		e. IS RESIDENCE ON A FARM?
3.	NAME OF	<u>itevue</u>		га но			R.F.D.				Oav Year
3.	DECEASED (Type or print)	RLA	First	1F	Middle	4	E C K E D	4. DATE OF DEATH	JA N		0ay Year 1966
5.	SEX	6. COLOR OR	RACE 7. M	ARRIED		IEO 💢 📗	B. OATE OF BIRTH	9.		FUNDER 1	YEAR IF UNDER 24 HRS.
F	emale	White		DOWED	OIVOR	ED 🗍	May 19 188		1ast birthday) 76	Months	Days Hours Min.
10a	. USUAL OCCUPAT	ION (Give kind o ing life, even if	f work done retired)	10b. KIND	OF BUSINESS	OR	11. BIRTHPLACE (Coun	ty & State, e	r foreign country)	12. CIT	TIZEN OF WHAT
		one _					Frederic	k Co.	· lid •	U	J.S.A.
13.	FATHER'S NAM	E					14. MOTHER'S MAIOEN	NAME			
		Jacob	M. 1	Ecker	•		I.	etti	е Е. На	ırn	
15.	WAS DECEASED I	EVER IN U.S. ARI	MED FORCES	?   16. SO	CIALSECURITY	NO.   17.	INFORMANT		Addres	\$	
(12	No			1	None	1	r.Francis M	-Hun	ter R2	Mt.	Airy, Md.
	18. CAUSE OF			se per line	for (a), (b), and	(c).]					INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	EATH WAS CAUS , IMMEDIATE (	ED BY: CAUSE (a)	Cor	marin	TIM	MUDIO				5 minutes
	4201		OUE TO	0.	. Ko	. 1	· Arr · o	all.	*		10 6-111
	Cenditions, if		(b)	Ger	unce	2110	ville - 8	clero.	210		10 gurs
	gave rise to cause (a), si		OUE TO			X					
_	underlying caus	e last.	(c)_								
CERTIFICATION	PART II. OTHER S	SIGNIFICANT CO	NDITIONSC	ONTRIB <u>UTI</u>	NG TO OEATH BU	TNOTRELA	TED TO THE TERMINAL OIS	EASECOND	ITIONGIVEN IN F	'ART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
Ē	20a. ACCIDENT	WAS UNDERLYI	NG 🗇 📗	20b. DES	CRIBE HOW IN	JURY OCCU	RREO, (Enter nature of In	lury in Par	t I or Part II of	Item 18.)	
	OR CONTRIBUTE (IF EITHER, NO	NG CAUSE OF	F DEATH EXAMINER)								
MEDICAL	20c. TIME OF		Oay, Year		JRY OCCURRED		CE OF INJURY (Home, farm ry, street, office bldg., etc.		ity or town)	(Coun	nty) (State)
MEO	Hour a.n		19	While at work	Not While at work	]	Λ	Ί.			
			( )//:	-	the deceased			$\frac{2}{2}$ to	un 28		2, that (I) (we) last
	saw the dec	ceased alive o		. 28	19	, and that	death occurred at	W. M. HOT	n the causes a		TE SIGNED
	228. SIGNATOR	ernord	110	THIN	nos In	└ M.D	ATTENOING ME	D. RECTOR	STAFF PHYS.	Jan.	28, 1966
	22c. PHYSICIA	N'S		-	1	- M.L	22d. ADORESS	4	M	100/11/2	-011188
	NAME (T)	ne) Ber	nard	0. T	homas	Jr.	1 Frede		Mary	Jano	
23a	BURIAL, CREM		DATE THERE	OF 2	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LOC	ATION (CITY, to	wn or cour	nty) (State)
	Burial	l Ja	n. 3	1 196	6 Lin	gano	re		ederick		
24.	FUNERAL OIRE			, , ,	ADORESS		25a. REC'D	BY REGIST		GISTRAR'S	SIGNATURE
	C.M.Wa	Itz Box	241	Syke	sville	110	IEEB 2	196	0 1/	/	1 0

VR AI5 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Frederick **b.** COUNTY Frederick Marvland by the and 2 MARYLAND death. b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) WOODS DOPO Lifetime Woodsbore after filled in I Pages 1 filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARMZ Home Own YES NO completely papers. 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) carbon pa nt, within i Bertha FL. DEATH Jan. Engle 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (in years ) IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months and 1883 Sept. WIDOWED T DIVORCED | Female attending physician 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, remove or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad)
HOUSEWITE Own Home Marvland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 5 Elizabeth Holtz and David Martin Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) (Ifyesgivewarordetasofsarvica) John W. Engle None Woodsboro. Md. signed by the permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH Ь PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (\*) burial-transit DUE TO the hospital or attending Conditions, if any, which has been geve rise to immediate cause DUE TO (e), steting the underlying couse last. After this certificate ha PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [16] 19. WAS AUTOPSY CERTIFICATION 36 ٥ PERFORMED? none YES [ NO [ prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I) of item 18.) 20e. ACCIDENT WAS UNDERLYING [ for OR CONTRIBUTING [] CAUSE OF DEATH Health DIRECTOR: After many be detached for the (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL ATTENDING 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) (County) (Stete) fectory, street, office bldg., etc.) While Not While ĕ Hour s.m. at work at work State Dept. 21. I certify that (I) (this hospital) attended the deceased from L 22e. SIGNATURE 22b. DATE director, page 3 sl ATTENDING SIGNED 四 DIRECTOR PHYS. M.D. HOSPITAL Page 4 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) Thurmont. Maryland James 230, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Graceham Cemetery Graceham Fred. Co. Md. ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Thurmont, Md. VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

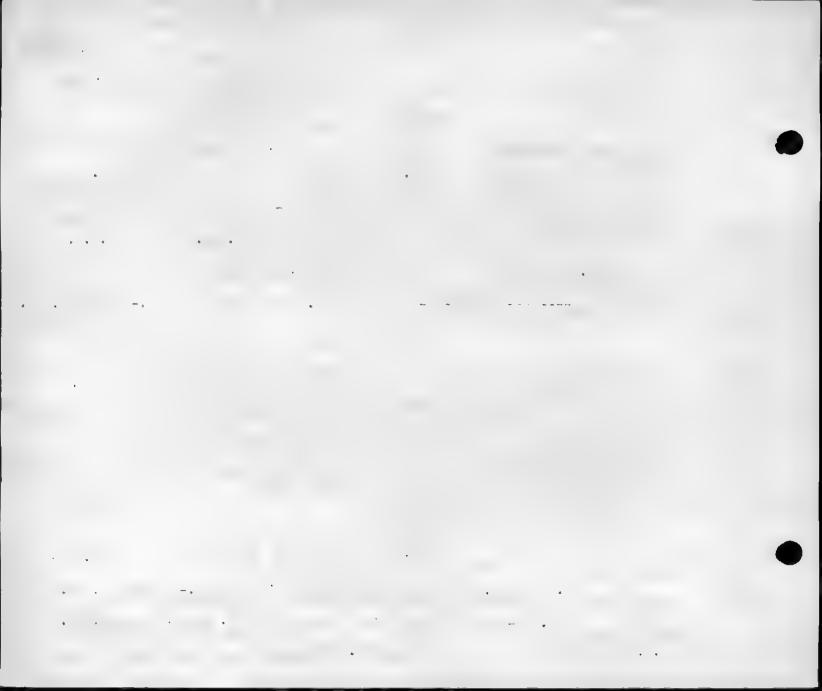


MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral affer 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) hours e. COUNTY **b. COUNTY** by the and 2 death. e. STATE Frederick Marvland Frederick MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town) 24 write RURAL and give neerest lown) .57 Frederick Frederick 3 vears Pages within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE papers. Pag in 72 hours ON A FARM? committeely 1209 Staley Avenue 1209 Stalev Avenue YES NO TE 3. NAME OF Yeer 4. DATE Middle Lasi Month DECEASED OF and comparation per Blanche V. January 11th. Feaga (Type or print) DEATH 19 66 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lest birthdey) Months chystelan and se remove car n any event, Days Hours Female White August 15-1890 WIDOWED IX DIVORCED T 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Frederick Co. Md. Homemaker Own Home U.S.A. please 13. FATHER'S NAME ding 14. MOTHER'S MAIDEN NAME Letha Zimmerman Lewis M. Staley Then I removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) [ [lifyes give were redetes of service] that Wayne E. Feaga- 902 Pine Ave.-Frederick, Md. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN has been signed by e burial-transit permi attending physici ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY: minule. IMMEDIATE CAUSE (e) cremation, wart alexan Conditions, if any, which gave rise to immediate cause the bur DUF TO (e), stelling the underlying couse lest. (c) certificam PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Se 2 CERTIFICATION PERFORMED? USB prior YES NO TO After this ce detached for u 200. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (State) Month, Day, Yeer (County) be retained fectory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR: 3 should be de et work at work o.m State 1 saw the deceased alive on..... 22b. DATE 22e. SIGNATURE STAFF 1966 ATTENDING death. Page 4 HOSPITAL with # Jan. 12-DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) filed \ Professional Bldg. - Frederick, Md. 21701 Dr. James B. Thomas 230. BURIAL CREMATION, 235. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stelle) 0:58 REMOVAL (Specify)
BURIAL Nr. Yellow Springs, Md. Pleasant 24 FUNERAL DIRECTOR'S SIGNATURE CLESTER TO 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS M.R. Etchison & Son Frederick, Md. 21701 DÁTE VR A15 (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH



10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then press, semove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and m any event, within 72 hours after deads.

leath.

24 Nomrs after

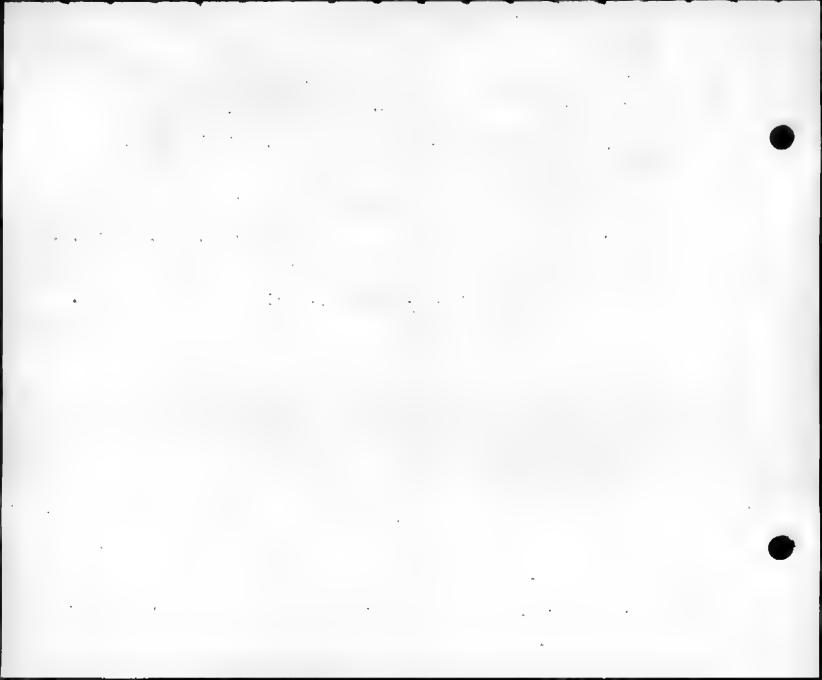
TO HOSPITAL OR ATTENDING PHYSICIAM; TT= 1a= req=ires that tTe death certificat= be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0071			CERTIFICAT				000		
reder:			MARYLAND	2. USUAL RESIDENCE Marylane			deric		dmission
Middle	WN (if outside co L and give neare COWII	rporate limits, st town)	c. LENGTH OF STAY IN 16	c. city or town (if Middle	*	rate limits, write	e RURAL and (	give neare:	st town)
		ursing Ho	ospital, give street address) OME	d. STREET ADDRESS R.F.D.	Middl	etown,	Md.	e. IS RES	FARM?
3. NAME DF DECEASED (Type or print)			Middle Mae	Fink	4. DATE DF DEATH	Jan.	3	y Ye. 19	86
5. SEX Female	6. COLOR OR Whit	RACE 7. MARRIED WIDOWED	G	B. DATE OF BIRTH March 19,	1882 '	AGE (In years III last-pirthday) W	fonths Days		
10a. USUAL OCCUPA during most of wor HOUSEWI	king lite, even if	retired) 10b. Ki	ND OF BUSINESS OR NO HOME	Frederi		r foreign country) Md •	12. CITIZEI COUNTI U • S	N OF WHAT RY? • A •	
13. FATHER'S NA				Claretta		ins	-		
15. WAS DECEASEI (Yes, no, or unkown)	EVER IN U.S. ARM (If yes give war or	Anther of coming )	social security no.   17. 19–36–2562 GJ	enn Fink	Mi	Address ddleto		•	
	DEATH (Enter of DEATH WAS CAUS IMMEDIATE (	ED RY.	ne for (a), (b), and (c).]	Ederen				IERVAL BE	
of 200 Conditions, If	any, which	DUE TO art	brio Scherot	le Heart	lisia	11_		·*	
gave rise to cause (a), underlying cau	stating the	DUE TO	leute Brown	cluter			8.	4 W	erk
PARTII.OTHER 202. ACCIDEN OR CONTRIBU	SIGNIFICANT CO	NDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELA	TED TO THE TERMINAL (	DISEASE CONDI	TION GIVEN IN PA		PERFOR	
	T WAS UNDERLY! TING  CAUSE O OTIFY MEDICAL I	NG   20b. D OF DEATH EXAMINER)	PESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	Injury In Part	I or Part II of	item 18.)		
Hour a	INJURY Month, .m. .m.	Day, Year   20d. In While 19 at work	Not While facto	CE OF INJURY (Home, fa ry, street, office bldg., e		ity or town)	(County)	(	State)
21. 1 cert	ify that (I) (this	1 0	ed the deceased from 1960 and that	May 8 11		au 3	, 1 <u>66</u> , nd on the da		
22a. SIGNATI	URE	\$ El.	mer Horpe	ATTENDING PHYS.	MED.	STAFF PHYS.	22b. DATE S	IGNED -66	7
22c, PHYSIC NAME (		3. Elme	er Harp	22d. ADDRESS Middle			100		
Intombine	fift) Jar	DATE THEREOF 1.6,1966	Boonsboro	Cemetery	Hoor	ation (city, tow 1sboro	Mary	yland	tate)
24. FUNERAL DIF		Middlet	own, Maryla			66 PAL	SISTRAR'S SIG		

1966

VR A15 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should" 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) . COUNTY b. COUNTY Frederick Maryland by the and 2 death. MARYLAND b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) <u>ک</u> write RURAL and give neezest jown) 24 Frederick Lifetime Frederick affer \_- within Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hours Frederick Memorial Hospital completely NAME OF paper DATE DECEASED OF (Type or print) Cornelius Geisbert Raymond DEATH within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH and last birthdey) Male WIDOWED [ DIVORCED Sician гещоче 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY . 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Custodian City Hall Frederick County, Md. attending phy 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME and William H. Geisbert Irene Mercer Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address removal, (Yes, no, or unkown) (Ifyesgivewerordetexofservice)
Yes World War 1 the permit. 18. CAUSE OF DEATH linter only one cause per line for (a) (b), and (c), <u>۾</u> 5 PART I. DEATH WAS CAUSED BY: peubis IMMEDIATE CAUSE (a) cremation. burial-transit DUE TO been Conditions, if eny, which geve rise to immediate cause **DUE TO** (e), steting the underlying Pe Pe PHYSICIAN: certificate CERTIFICATION 98 9 use prior 200. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) ٥ OR CONTRIBUTING | CAUSE OF DEATH After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) defached MEDICAL ATTENDING 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED I 20a, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) While fectory, street, office bldg., etc.) Not While retained Hour e.m. 6 et work at work DIRECTOR State Dept. 21. I certify that (I) (this hospital) attended the deceased from Que plnous saw the deceased alive on Αgu 22e. SIGNATURE ATTENDING death. Page 4 PHYS. DIRECTOR PHYS. HOSPITAL with ± 22c. PHYSICIAM'S 22d. ADDRESS NAME ///pe) director, be filed 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 26-1966 Mt. Olivet Cometerv 24 FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE ON A FARM? 235 West Patrick St. YES NO A January 2h-19 66 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? U-S-A-220-18-302LA Wm. C. Geisbert- Route 6- Frederick, Md. INTERVAL BETWEEN ONSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T (Steta) (County) 24 (1) (we) last .....1966, and that death occurred and 45MA from the causes and on the date stated above 22b. DATE 966 SIGNED Frederick Medical Center-Frederick- Md. 23d. LOCATION (City, lown or county) (Stete) Frederick. Md. Frederick, Md. 21701 A M.R.Etchison &

MARYLAND STATE DEPARTMENT OF HEALTH

Frederick

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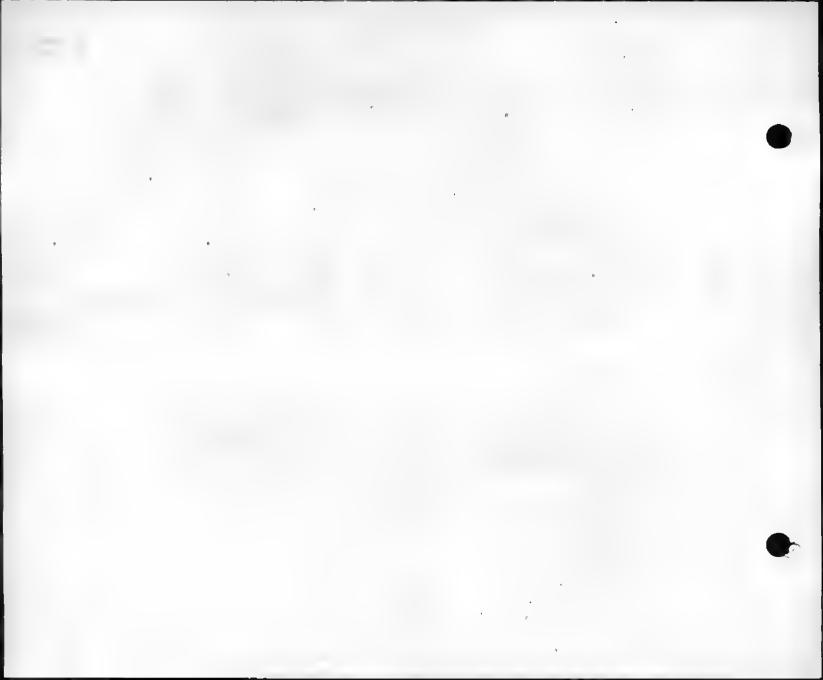
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where deceased lived, It Institution: Residence before admission) erick c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) e. IS RESIDENCE ON A FARM? YES TO No Month Day Year 1966 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Months | Days | Hours | Min. 12. CITIZEN OF WHAT RTHPEACE (County & State, or foreign country) Maryland Magdalene Kinna Address Myersville. Md INTERVAL BETWEEN ONSET AND DEATH day WAS AUTOPSY PERFORMED? YES [ NO D 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20f. (City or town) (County) (State) ZM. from the causes and on the date stated above. 22b. DATE SIGNED DIRECTOR PHYS. LOCATION (City, town or county) Harmony REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25a. Gladhill Middletown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 1/65



MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE

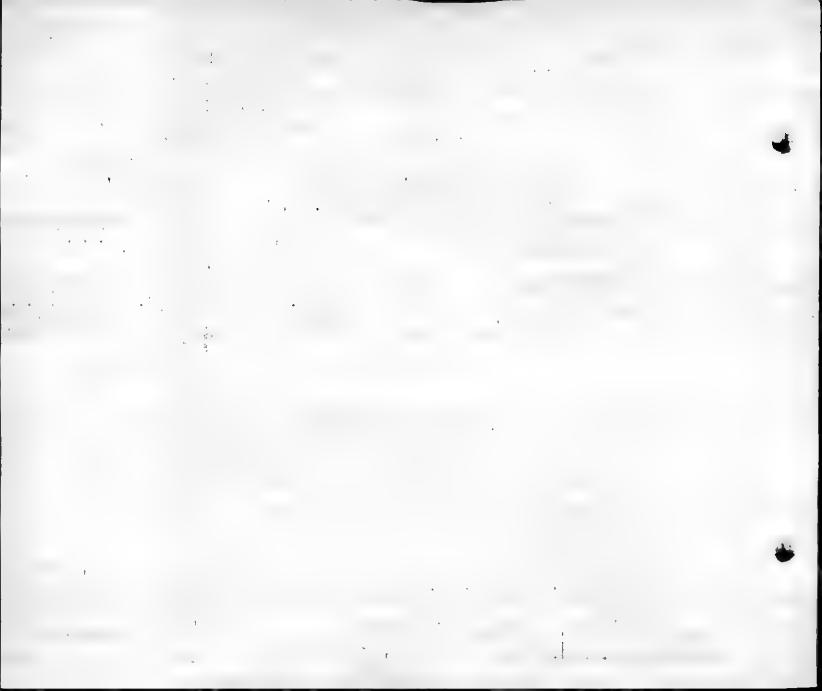
TO DEPUTE MEDICAL EXAMILER. This certifica should be executed within the laws after death. If any delay is necessary, alease execut the artificate, writing the word "pending" in and 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMS. Page 5 may be retained for your files. To FUNERAL DILLOTOR: Page 1 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME SM 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00715 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3					444000
I.	1. PLACE OF DEATH  • COUNTY Frederic		2. USUAL RESIDENCE	(Where deceased lived, If institution, R	esidence before edimission)
	rrederic	K MARYL		lork Mo	nroe
	b. CITY OR TOWN lif outside corpo	rete limits, c. LENGTH OF STAY	IN 16 c. CITY OR TOWN (II or	utside eorporate limits, write RURAL and	give nearest town)
	Write RURAL and give neerest to Near Point of I		Roche	ctor	
		NOURS  UTION (if not in hospital, give streat address		19661	e. IS RESIDENCE
1	Frederick Memor	rial Hospital (DOA)	18 Mo	ose Street	YES NO
1	3. NAME OF	First Middle	Last 4.	. DATE Month	Day Year
		BEL O.	HALL	DEATH January 4.	19 66
	S. SEX 6. COLOR O	R RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years IF UNDER 1)	
	Female White			09 yrs.	ays Hours Min.
	10a, USUAL OCCUPATION (Give kind	of work 10b, KIND OF BUSINESS OR I	NDUSTRY   11 BIRTHPLACE (State or F	foreign country)   12. CITIZ	EN OF WHAT COUNTRY?
	done during most of working life, aven Housewife	None	Hunts, Ne	w York U.	S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Edward Orton		Mary Donah	ue	
	15. WAS DECEASED EVER IN U.S. ARM	LED FORCES?   16, SOCIAL SECURITY NO	17. INFORMANT	Address	
	(Yes, no, or unkown) (liyesgivewerore			18 Moose St. Roch	ester. N.Y.
ı		only one cause per line for (a), (b), and (c).		. 1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSEI IMMEDIATE CA		x & demose	retanoun	ONSET AND DEATH
	7//		2 2 2		
		TO TO THE	of William I a	can dol Lenit	+
Ĭ	Conditions, if any, which gove rise to Immediate cause	(b) 1 Ca Ca Ca	1 1000	Carred Il and	
		DUE TO			
	cause lest.	(e)			
ı	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART	
2	3 0 0	rue M. Elbon -	Lacerated 1	Kwer	YES NO 1
1	20a. EXTERNAL CAUSE WAS PRIMARY'S or CONTRIBUTING CAUSE OF DEATH.	206, DESCRIBE HOW INJURY OCC	URRED. (Enter neture of Injury in Port	1 or Pert II of item 18.)	
		10-2011	sun auris o	Vuce k	
	20c. TIME OF INJURY Month, I	( While Not While, 7 )	De. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.)	11 12 1 1 1 1 1 1	ly) (State)
, 1		196 el work at work	Highway !	Most of water had	wich - hef.
ı		arge of the remains described abo			and in my opinion
	death resulted from: Nati	ural causes . Accident	Suicide Homicide		
		3 E	CHIEF MEDICAL EXA	MINER [	
ı	ACTUAL SIGNATURE	monde	M.D. ASSISTANT MEDICAL	IL EXAMINER Frederic	k. Maryland
4	EXAMINER'S ROTH	come a Cm M D	DEPUTY MEDICAL EX	AMINER &	L- 4/1
*.	NAME (Type)	iomas, Sr.M.D.	Address (Streat, city,	the state of the s	1-66
	220. BURIAL, CREMATION, 225. DATE	E THEREOF 226. NAME OF CEME		2d. LOCATION (City, Jown, or county)	(Siete)
S	Removal (Specify) Removal—Burial	Falls Cer	etery G	Freece, New York	
0	25. FUNERAL DIRECTOR	ADDRESS	24a. REC'D B	BY REGISTRAR   24b, REGISTRAR'S SIG	NATURE
0	Robert E. Dailey	& Son Frederick.	Maryland JAN 1	0 1966 Hollowler	predge.
Į.			7-1		

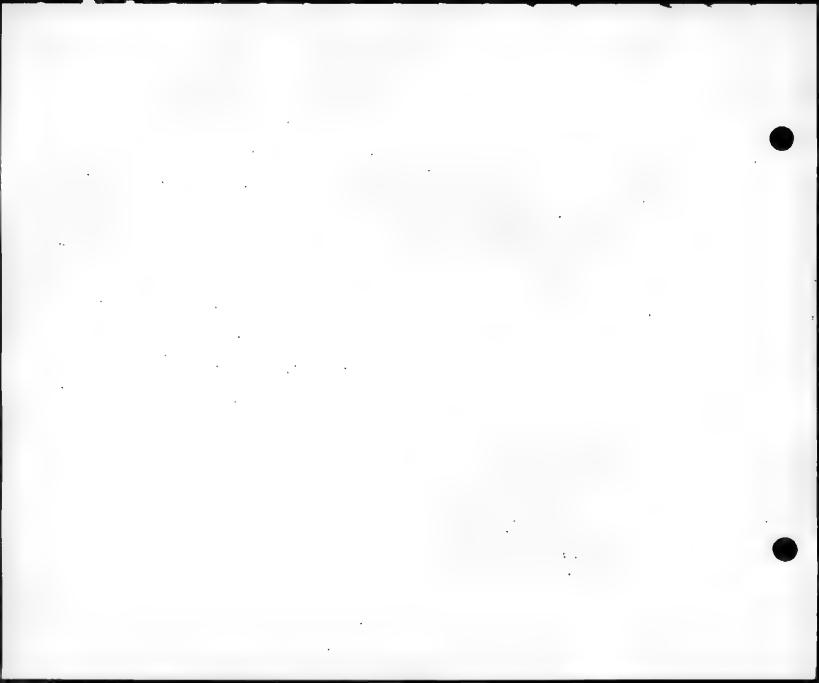


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

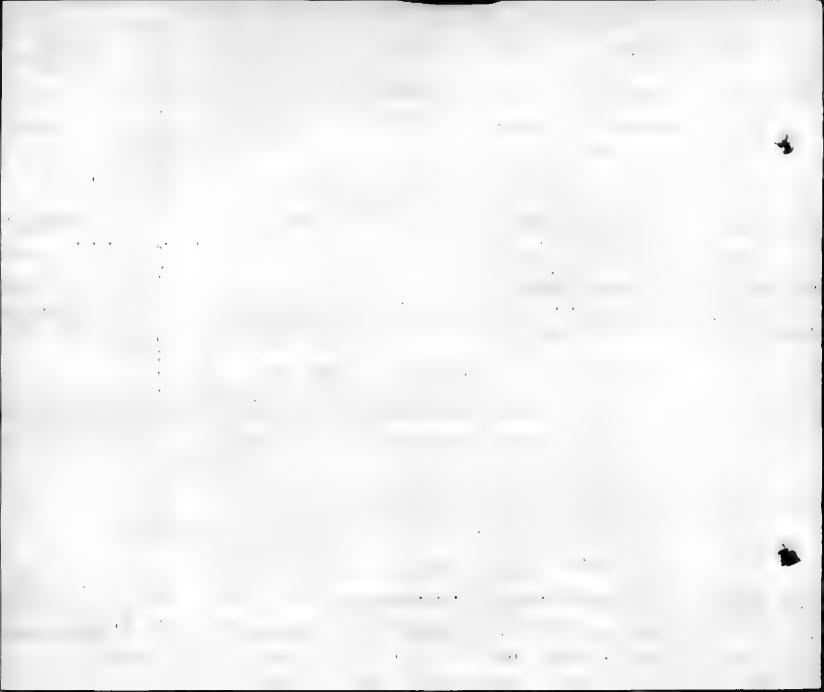
	_ 1	UU 1 1 0 CERTIFICA	TE OF DEATH ORREST	
	1.	PLACE OF DEATH a_COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before	admission)
		Frederick MARYLAND	B. STATE D. COUNTY Freder	- ich
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		est town)
		troderick 13day	Adams Town 16	. 1
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	ss)   d. STREET ADDRESS   e. IS RI	ESIDENCE FARM?
: 1	_	Frederick Memoral Hosp	RTI-BOX 79 YES	1 1777
	3.	NAME DF First Middle U	Last DATE Month Day Y	ear
		(Type or print) HHKOLO dENNIN	GS HAKKI DEATH JOHN 29 19	66
	5.	6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UND last birthday) Months   Days   Hour	ER 24 HRS.
		NEGY-D WIDOWED DIVORCED	1-1-1908 58 yrs. Months Days Hour	\$ PALLET
	10a dur	a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (Ing most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHA	AT
		ONSTRUCTION LAFORER	Fredericken No U.S.A	
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	<u>C</u> ,	harles A, Harris	MARY 10 JOHNSON	
	(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 es, ma, or unknown) (If yes give war or dates of service)	7. INFORMANT / Address Ad A m 5700	אנים ואירו
	_	NO 219-14-7842	Mrs Irma V. Horris Pt1-Box 29	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND	
	Ш	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONG	LKY EMBOLISM	
	Н	DUE TO SOLD S	047 1941	
	Ш	gave rise to immediate (b)	NI JAN 1912 For	
		cause (a), stating the DUE TO ARCIMON	AOLRECTUM	
	NO.	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R		AUTOPSY
0	CERTIFICATION		PERFO YES	ORMED?
		208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF	CCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	45
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL	110 0	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) ctory, street, office bldg., etc.)	(State)
	WED	Hour a.m. While Not While p.m. 19 at work at work	otor y, ad oot, onlooming, accord	
		21. I certify that (i) (this bespital) attended the deceased from	Jan 16 1966 to Jan 29, 1966, that (1)	(wast last
		saw the deceased alive on TPCL1 27 1966, and t	hat death occurred at 6 . M, from the causes and on the date state	ed above.
		22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED	
		22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	
1		NAME (Type) ADEL DEMIRAY	Frederick, ma	
0	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETI	ERY OR CREMATORY   23d. LOCATION (City, town or county) (	State)
K	13	REMOVAL (Specify) 2-3-1966 ST. PAULS	Frederick Co	mal
(3	24.		25a BEC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE	-
. 3	_	Cit. HICKS III trederick	DATE 4 1966 Peliarles Judg	۲
	_			

VR A15 (4) 20M I/65





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HFAITH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, If institution: Residence before edmission) COUNTY Frederick ifter death. If any delay is necessary, 2, and 3 to the funeral director. Page a. STATE b. COUNTY ö Frederick for your files. MARYLAND b. CITY OR TOWN (if outside corporate limits, & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Frederick vears Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 128 West Patrick Street after retained State 128 West Patrick Street YES NO X NAME OF 4. DATE Middle Day Year the 5 may be retained 2 with the Starting 72 hours DECEASED WILLIAM HENRY HILDERBRAND 1966 (Type of print) DEATH January 6. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years ) IF UNDER 1 YEAR IF UNDER 24 HRS. 43 birthday) Months Hours April 12, 1922 White WIDOWED [ DIVORCED [ Male This certificate should be executed within 24 hours after sease execute the cartificate, writing the word "pending" in pencil in Item 18. Give page 1, 2, a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5. FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 3 and 1—Ith or its designated agent, prior to burial, cremation, or removal, and In any byegowithin 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign equatry) done during most of working life, even if refired)
Short order Cook Frederick County, Md. U.S.A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Franklin Thomas Hilderbrand Delphia Figle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (lifyespivewerordetesofservice) Miss Vicky Hilderbrand Sabillasville, Md. 05 5955 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which geve rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO I 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port J or Port II of item 18.) MEDICAL EXAMINER: PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED Month, Day, Yeer 20e. PLACE OF INJURY (Home, form, ) 20f. (City or town) (County) (Stete) factory, street, office bldg., etc. Hour e.m. While Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) B.O. Thomas Sr.M.D Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, lown, or county) Burial (Specify) 40 Rocky Springs Cemetery Frederick County, Maryland ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Frederick. Maryland VR A15ME 5M 1/63



4	1 (In		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
۔			CO719 CERTIFICATE OF DEATH 00702
hours after death	the funeral ges 1 and 2 after death		1. PLACE OF DEATH a. COUNTY Frederick  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. STATE Maryland b. COUNTY Frederick
urs aft	n by th Pages ours aff		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Thurmont  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Thurmont  //
N N	r filled in papers. Phin 72 hou	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Own Home  d. STREET ADDRESS Frederick Rd.  e. IS RESIDENCE ON A FARM? YES \( \sum no \sqrt{1}\)
d withle	npletely carbon ent, wit		3. NAME OF DECEASED OF DECEASED OF Jan. 23 19 60
executed within	n and completely filled in by the in remove carbon papers. Pages 1 in any event, within 72 hours after		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NOTE OF BIRTH 9. AGE (in years if UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min.  Male White WIDOWED DIVORCED April 11, 1891 The year of oreign country 12. CITIZEN OF WHAT
e pe	and asse		10a. USUAL OCCUPATION (Give kind of work done luring most of working life, even if retired)  Auctioneer  Auctioneer  10b. Kind of Business OR III. Birthplace (County & State, or foreign country)  Auctioneer  Maryland  12. Citizen of What Country?  Auctioneer  13. FATHER'S MAME
certi icat	ding p Then remova		John Hoffman Elizabeth Wentz
death	ne atter permit tion, or	=	(Yes, no, or unkown) (If yes give war or dates of service) 216-03-7597 Ethel L. Hoffman Thurmont, Md.
PHYSICIAN: The law requires that the death certi-	treatments purpored by the attending pro- has been signed by the attending pro- as the burial-transit permit. Them- prior to burial, cremation, or removal,		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Company  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  ONSET AND DEATH  Company  Compan
trivals. The far	this certificate has detached for use as e Dept. of Health prio		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	fter this be detacl		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   4 work   19   at work   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm, farm, factory, street, office bldg., etc.)   20e. PLACE OF INJURY (Home, farm,
DR ATTENDING	CTOR: A should ith the		21. I certify that (I) (this hospital) attended the deceased from
_	AL DIRECTOR DAGE 3 Filled W	4	22a. SIGNATURE  M.D. ATTENDING MED.  PHYS.   1-23 66  22c. PHYSICIAN'S  NAME (Type) 7   CT   CM   CT   CT
HOSPITAL	o FUNERAL DIRECTOR. After to director, page 3 should be dishould be filed with the State	-	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
5	5 <u>2 4</u>	)	BUFFIGURE THURSDAY 1-25-66  Blue Ridge Cemetery Thursdont Fred. Co. Md  24, FUNERAL DIRECTOR  ADDRESS Thurmont, Md 25a, REGID BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Thurmont, Md 10 10 10 10 10 10 10 10 10 10 10 10 10
	M 4-64	1	Taymond & Treasure. Thursday, and 1966 Johnston Judge



VS. A15ME 5M 2/57

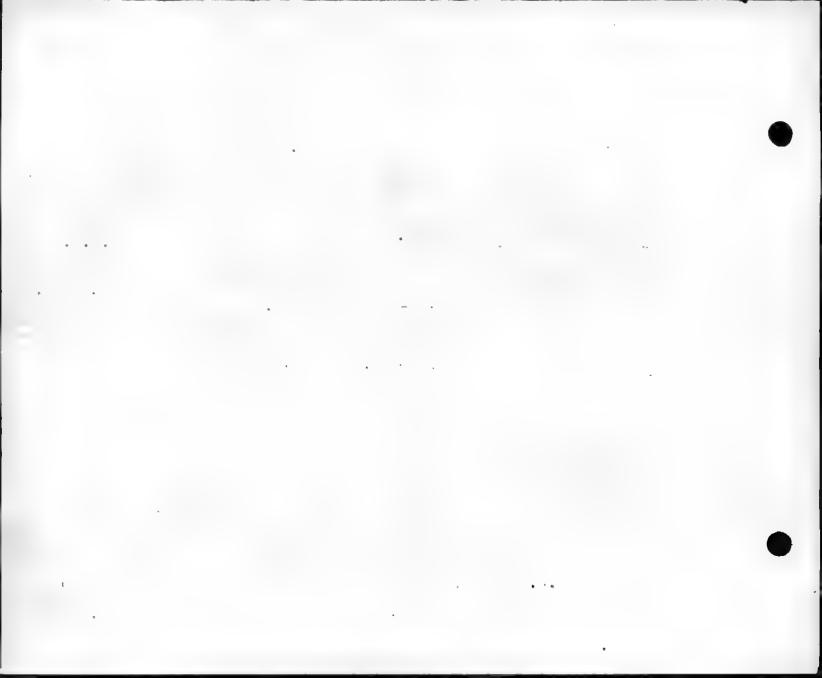


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral

	DIVISION 00721		MARYLAND STATE DE RESEARCH AND RECORDS			, MARYLAND
	PLACE OF DEATH	h de la		Z. ÚSUÁL RESIDENCE (Who	- december 1 fined 16 incorporate	N Residence before admissional
1.	a. COUNTY	all OC III II		a. STATE	b. COUNTY	
-	h. CITY OR TOWN	Freder	CK MARYLANO Lts.   C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	land I	rederick
	Write RURAL a	and give nearest town)				AAL and give nearest terms
	Frederic	PITAL DO INSTITUTION (if n	ot in hospital, give street address)	d. STREET ADDRESS	rick	e. IS RESIDENCE
	3. II/III/E 07 11031	TIME OR INSTITUTION (II II	or in moshiral, Riso an cor annicas)	22 /	All Saints St.	ON A FARM?
-	Montevue NAME OF	e <u>Anfirmary</u>	A44.4.0	WFourth		VES NO X
Ģ.	DECEASEO	FIFSL	MIddle		)F	
5.	(Type or print)	George 6. COLOR OR RACE   7 MA	RRIED NEVER MARRIED	Hunter   68. DATE OF BIRTH	January 19. AGE (In years   IF ON	23 1966 DER 1 YEAR JIF UNDER 24 HRS
			REVER MARKIED		last birthday) Month	is Days Hours Min.
N 10:	ISTE	NEK LO	10b. KIND OF BUSINESS OR	7/3/1894   11. BIRTHPLACE (County &	State or fereign country)   12	CITIZEN OF WHAT
dui	ring most of workin	ng life, even If retired)	INDUSTRY			COUNTRY?
13.	ConStruc	tion Lab.	<u> </u>	Frederick		U.S.A.
S	WAS DECEASED E	T. C.P. VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17.	Laura Nicho	Address —	
[11	es, no, or unkown)	( If yes give war or dates of service	9		F' 1	rederick, Md
=	NO CAUSE OF D	EATH Center only one cause	212-14-6579 e per line for (a), (b), and (c).1	James W. Hun	ter 124 Ice	INTERVAL BETWEEN
		ATH WAS CAUSED BY:	Ken the for (a), (b), and (c).1	Couply Alxo	MALANIS	ONSET AND GEATH
	11201	IMMEDIATE CAUSE (a)	of card	errow Proper	114/0000	10mm
	Conditions, If a	OUE TO	(Den Oralise	astthin - co	Vorosen	10/Kl/20
	gave rise to	Immediate (	O Co Co Co Co Co Co Co	William BC	00	100,000
	cause (a), sta underlying cause	deat 1	0			
8			NTRIBUTING TO DEATH BUT NOT REL	TED TO THE TERMINAL OISEASI	CONDITION GIVEN IN PART 1	(a)  19. WAS AUTOPSY
CERTIFICATION				,		PERFORMED?
I F	20a. ACCIDENT V	VAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCI	IRRED. (Enter nature of injury	In Part I or Part II of Item	
CER	OR CONTRIBUTIN	IG CAUSE OF DEATH				
TK.	l	YJURY Month, Day, Year	2Dd. INJURY OCCURRED   20e. PLA		Df. (City or town)	(County) (State)
	Hour a.m.		MUILE L- MOT MUILE L-	ry, street, office bldg., etc.)		
	p.m		at work at work  attended the deceased from	V/M 20 1057	to XM 25 19	that (I) (we) fast
		eased alive on		t death occurred at	M, from the causes and o	
	22a. SIGNATUR		) /	t death occorred at		DATE SIGNED
	1	Prurso 11. 1	MINNO-S M.	ATTENOING MED.	OR PHYS.	
	22c. PHYSICIAN	i's	1	22d. ADDRESS		
	NAME (Typ		as.Jr	Professions	al Bldg, Fred	erick, Md
238	BURIAL, CREMA	TION, 23b. DATE THEREO	OF 23c. NAME OF CEMETER	OR CREMATORY 23d	I. LOCATION (City, town or	county) (State)
	Burial	1 1/25/66	Hopehill		Frederick	Co. Md
24	. FUNERAL DIREC	TOR	ADDRESS	25a. REC'D BY	REGISTRAR 25b. REGISTA	RAR'S SIGNATURE
	C.E	. Hicks, lll	Frederick, Md	DATAN 26	1966 Plian	Es Judo "
-					V	7 0

VR A15 (4) 20M 1/65



Address INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES THE ND DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) (State) (County) 20f. (City or town) (we) last and that death occurred at 17 PM, from the causes and on the date stated above. 22b. DATE SIGNED STAFF Center BURIAL, CREMATION, SEMOVAL (Specify) (State) LOCATION (City, town or county) 2 BEGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. 25a.

TICIT

YES

Hours

Day

Days

12, CITIZEN OF WHAT

COUNTRY?

IS RESIDENCE ON A FARM?

Year

1966

NO X

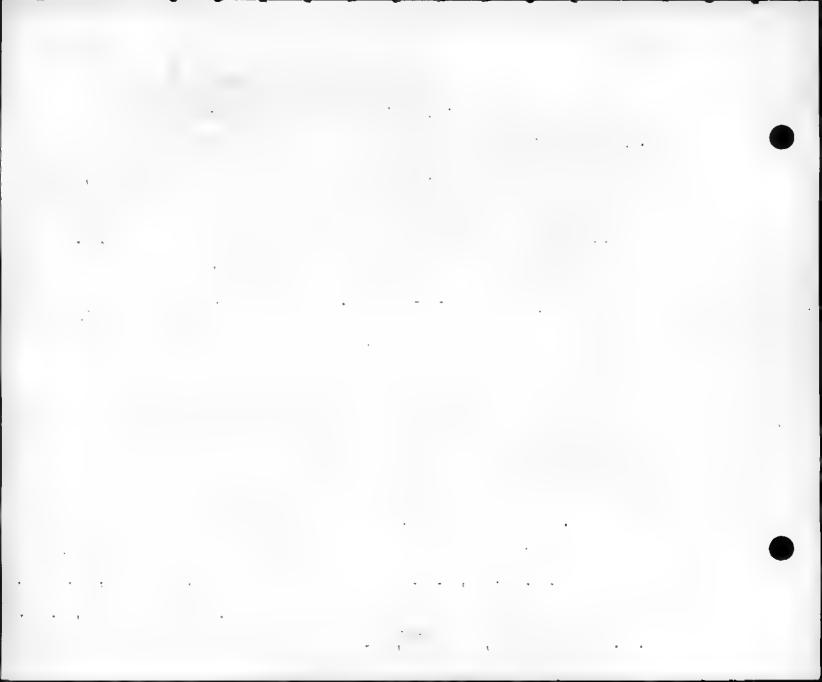
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

æ	700	A	U	U145			CERTIFICA	AIE	UP DEATH			$-U^{3,5}$	(U)
leath	and 2 and 2 death	1	1.	PLACE OF DEAT	Н			- II	2. USUAL RESIDENC	E (Where deceased	lived, If Institution:	Residence	before admission)
	\$ 00 P			a. COUNTY	rederick				a. STATE Vir	ginia	b. COUNTY		
after	the f	-  -				ho Limelika	MARYLAN  I. C. LENGTH OF STAY IN		c. CITY OR TOWN (If		Henite write Dito	61 and all	to nearest town)
	Page IIS a		_	write BURAL	N (if outside corporal and give nearest tow	m)				•		AL and gre	# 1001 03t (0411)
hou	E . B		F	rederick			Since 5/11/5	52	Fal	1s Church	F 2		
	23.5			d. NAME OF HO	PITAL OR INSTITUTIO	IN (If not In h	ospital, give street addre	ess)	d. STREET ADDRESS			0	ON A FARM?
1 24	papers, hin 72 h	0	M:	aryland (	Odd Fellows	Home			5421 Ki	rby Road			ES NO
ithin.	completely we carbon p event, withi	- 1	3.	NAME OF	Fi	rst	Middle		Last	4. DATE	Month	Day	Year
	pie arb			DECEASED (Type or print)	ELLE	N	FRANCES	K	CEES	OF DEATH	January	23,	1966
e e	E C	ľ	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	7   8.	OATE OF BIRTH	9. AGE	(In years   IF UNO	ER 1 YEAR	
execute	in and completely filled in by remove carbon papers. Pag in any event, within 72 hours		1	Female	White	WIDOWED	-	1	10 Jan 1874	last 92	birthday) Months	Days	Hours Min.
	E	- 1	10a	USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. K	INO OF BUSINESS OR	-, 1	11. BIRTHPLACE (C	unty & State, or for	ign country)   12.	CITIZEN	OF WHAT
be le	physicia n. please val, and		dur	ng most of work House	ing life, even if retire -work	d) A	NDUSTRY t Home		West Vir	ginia	1	COUNTRY	r
ate /	£ (7)		13.	FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME			
certMcate	attending prirmit. Them			Alfred W:	idmeyer				Sarah An	n Michael			
e	宣		15.	WAS DECEASED	EVER IN U.S. ARMEO FO	RCES?   16.	SOCIAL SECURITY NO. J	17. II	NFORMANT		Address (	Same	as
eath	d by the atter ransit permit. cremation, or			t, no, or unknown) VO	(If yes give war or dates o	f service) 2	17-52-8275	Md .	Odd Fellow	s Home Re	cords	item :	#1)
e e	the a t per ation		-									) INTE	DVAL DETWEEN
a	at the	- 1					ine for (a), (b), and (c).		01 _1			ONS	RVAL BETWEEN ET ANO OEATH
+ E	led by the		- 1	PART I, UI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	Congert Retero so	in	ESteers	torde	ne		
tha	gned ial-tra ial, cr		. 1	4200	DUE	TO							
rms that I	n signe burial-t			Cenditions, If		(b) (	Estero sa	ler	atio He	It L'is	ease		
in in				gave rise to		. ,							
E E	the to			cause (a), s	raring rife (								
E 4	has be as th prior		Z	underlying caus	Charles	(C)	UTING TO CEATH BUT NOT	DELATE	COTOTUE TEDMINAL P	ISEASE COMDITIO	NCIVEN IN PART 1/	a) 19.	WAS AUTOPSY
he la	certificate his feed for use of the alth part of the alth		CERTIFICATION	PART II. UTBERS	JEMILICAMI COMOLLIN	DIVS CONTRIB	DIING TO DEXTH BUT NOT	KELAII	EO TOTHE LEKWINAL L	IISEASE GUNDII IU	TGIVEN INTAKT I	YE:	PERFORMED?
	Fed Fed	2.	FIG	20- 10010597	WAS THEFT VING	Look	OESCRIBE HOW INJURY	OGGUO	DEO (Estas satura el	Inhus In Sart I o	r Port II of Itom		2 1101-1
STILATI	certicerticertics of the second of the secon	(,,	ERT	OR CONTRIBUT	WAS UNDERLYING DING DEADLE OF OFA	TH ZUD.	OESCRIBE HOW INDURY I	UGGURI	KEO. (Enter nature of	injury in Part i c	r Part II of Item	10.)	
E S	this ce stache Dept.			(IF EITHER, NO	TIFY MEOICAL EXAMI	NER)							
Æ	5 E 8 E		CAL		INJURY Month, Oay,		NJURY OCCURRED   20e.	. PLACE	OF INJURY (Home, fa , street, office bldg., e	rm, 20f. (City of	or town) (0	county)	(State)
5	of the first the design of the		MEDICAL	Hour a.i		While at wor	k Not While at work	tactory	, au cot, om to brog., o				
MATTA				21. 1 certif	y that (!) (this hos	pital) attend	led the deceased from	12	ال ا ، حدد	of to	z 3, 19	€ €, th	at (I) (we) last
	Shoul shoul				ceased alive on	Jones	~ 2 19	that o	death occurred at	130M, from th	e causes and or	the date	e stated above.
				22a, SIGNATU		1					22b.	DATE SIG	SNEO
¥ 2	ed se		Н		13/4	refer a		M.D.	ATTENDING XX	MEO. S'DIRECTOR P	TAFF 25	Jan	1966
TAT		1		22c. PHYSICIA	AN'S	0.11.	7-000	HI.D.	22d. ADDRESS	J. 1	110.		
E		/		NAME (T	ype) B. O. I	homas,	M. D.		6-A Watkir	s Acres,	Frederic	k, Md	. 21701
HOMPITAL	O FUNERAL I		23a	BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEME	TERY (	-1		ON (City, town or		(State)
TO MUL	Ships		2.50	REMOVAL (Sp. Burial	eclfy) 1/26/		Michael Fam				celey Spr		, ,
- Protect	1-		1	FUNERAL DIRI		12-17	AOORESS	- y		D'D BY REGISTRAR			
			24			RAM	ederick, Md.	211		6 1966	Eliane	1 Cus	Lac.
VR	A15 (4)			Plo R. E	centson & 2	OH, Tr	enerror " war.	61	· 스크 (학생) (	0 1000	15	1	1

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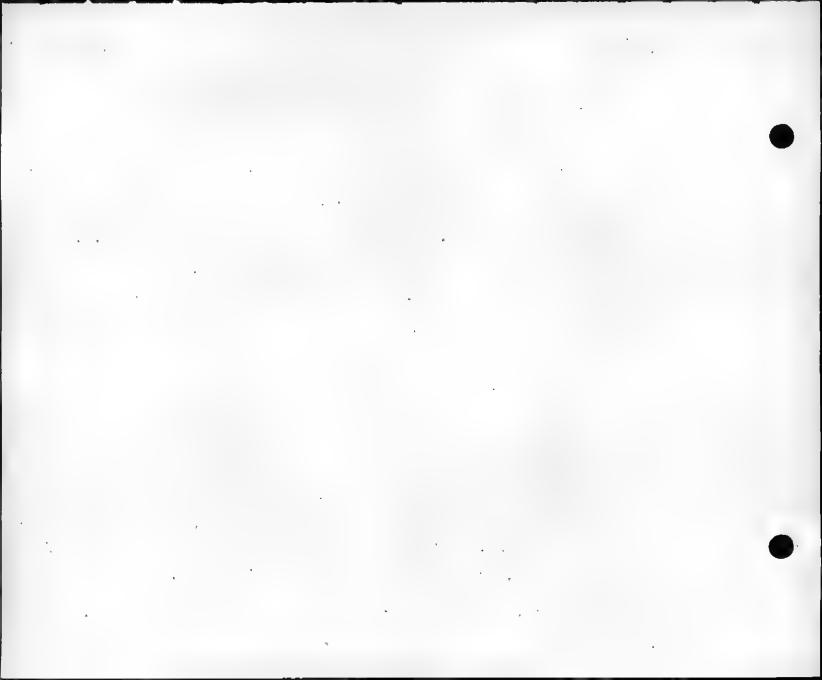


	MARYLAND STATE DEPARTMENT OF HEALTH	
	ITICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, B	SALTIMORE 1, MARYLAND
00724	CERTIFICATE OF DEATH	00202

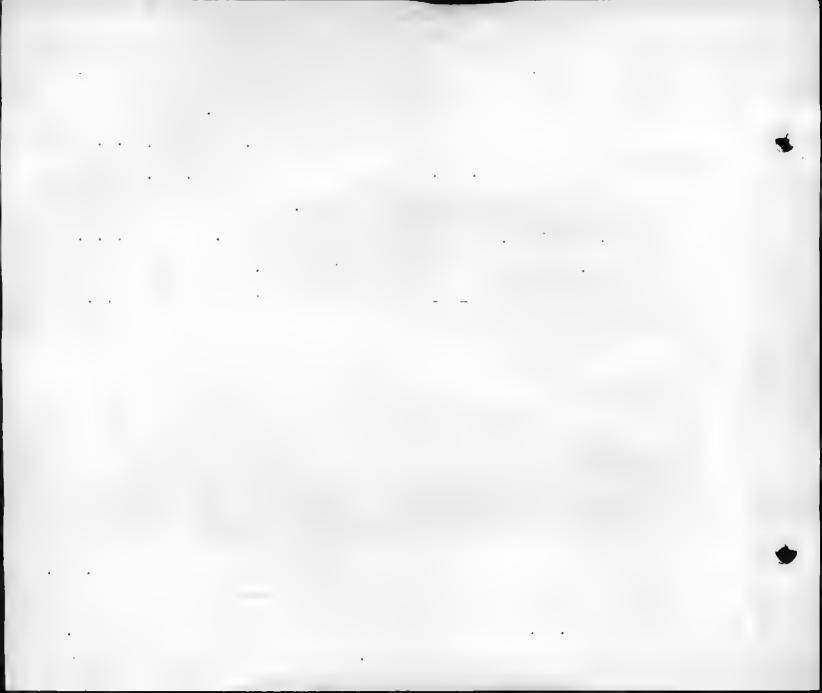
	rederick
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write SURAL and give nearest town)	write RURAL and give nearest town)
Middletown 23 years Middletown	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)   d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES ND
DECEASED (Type or print) John Benjamin Keilholtz DEATH Jan.	7 10
Male White   WIDOWED   DIVORCED   Nov. 27,1887   Selected by yrs.	
1DD. KIND OF BUSINESS OR UNDERSTORED IN OF STATE	COUNTRY?
John David Keilholtz  14. MOTHER'S MAIDEN NAME Anna Mousiri Bell	
	ress
(Van he as suffered ) ((d. sandaran laboratora)	etown, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Cenditions, If any, which gave rise to immediate cause (a), stating the underlying cause fast.  DUE TO  Constitutions of the cause (c)  DUE TO  Constitutions of the cause (b)  DUE TO  Constitutions of the cause (c)  DUE TO  Constitutions of the cause (c)  DUE TO  Constitutions of the cause (c)	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN  2Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	I of Item 18.)
2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bidg., etc.)  While at work at work at work	(County) (State)
21. I certify that (1) (this hospital) attended the deceased from	9, 1966, that (I) (we) last es and on the date stated above.  226. DATE SIGNED  1-10-66
233. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, BURIAL Specify) Jan. 12,66 Lutheran Cemetery Middletow	m, Md.
24. FUNERAL DIRECTOR  ADDRESS  Gladhill Co.  Middletown, Md.  25a. REC'D BY REGISTRAR 25b.  13 1926	REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYNICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The place remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

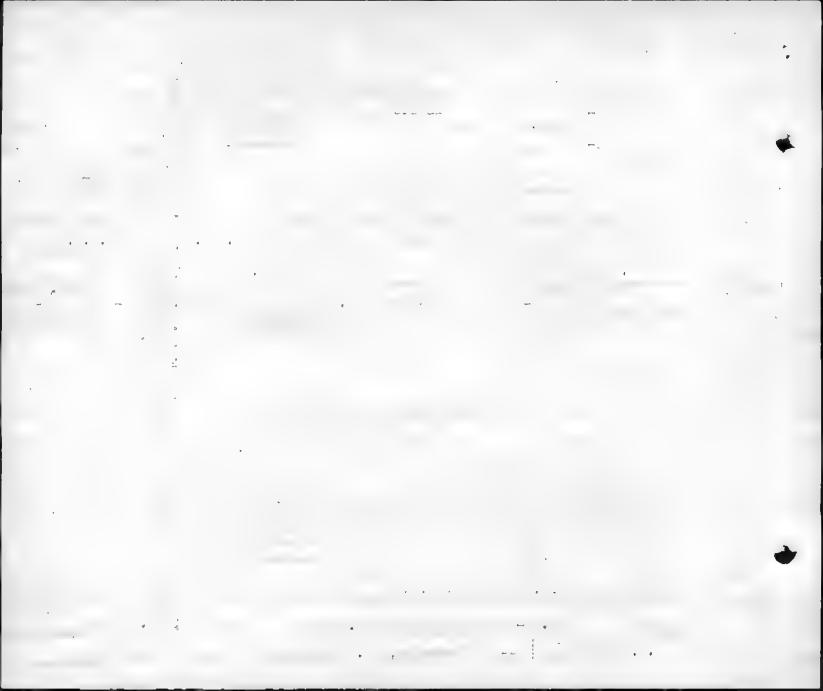
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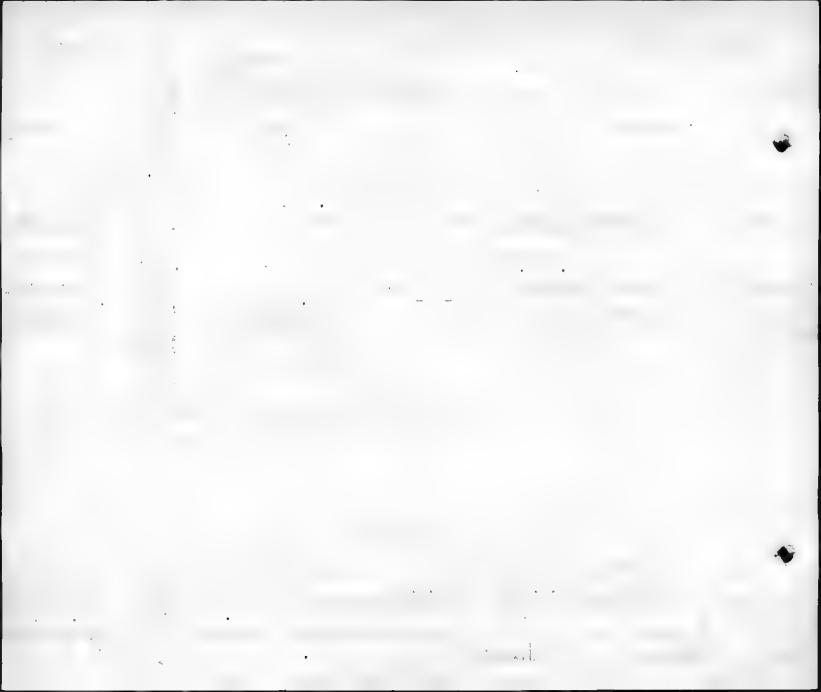
			MARYLAND STATE DEPARTMENT OF	F HEALTH-BALTIMORE, 18	
ATE		00725	MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH Reg. Dist NJ. (171).	R
DEPT.		MACE OF DEATH	Frederick MARYLAND 2. USUAL 0. STAT	AL RESIDENCE (Where deceased fived if institution Residence before admission ATE MD b. COUNTY Frederick	n)
Auge and the	ī	ord give regrest to		TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Creagers town.	
		I. NAME OF HOSP	AL OR INSTITUTION (If not in hospito), give street address) d STRE	REET ADDRESS  ling add. Thurmont. R.D. Ves D. P. Ves D.	ENCE ARM?
		NAME OF DECEASED Type or print)	Grafton M. L. Keyser	Cost 4. DATE Month Doy Year DEATH Jan. 15. 1966 19	- KW
	5. 5	Male	6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF B		
	100	USUAL OCCUPAT bring real of work	ON Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRT Gilde, even if religed, Own Farm Fi	rthplace (Stote or foreign country)  rederick CO. MD  U.S.A.	UNTRY?
	13.	FATHER'S NAME Murra		HER'S MAIDEN NAME 11ie V. Stull	
	15. (Yes	WAS DECEASED E	ER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT $214-36-0412$ Gladiu	us Martin Emmitsburg R.D.2 Md	
			TH [Enter only one couse per fine for (a), (b), and (c).] TH WAS CAUSED BY: Coronary Occilision IMMEDIATE CAUSE (a)	On Interval Between Distriction	
		Conditions, if		Heart desease	
		(a), stating the	orderlying DUE TO (c)		_
ys.	CATION			ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUT- PERFORME YES	OPSY D2
L	CERTIF	200 EXTERNAL CAUSE OF DEATH	JSE WAS ATRIBUTING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of	of injury in Port for Port II of item 18 )	
	MEDICAL	20c. TIME OF INJ Hour o. m p. m	Month, Day, Yeor 20d. INJURY OCCURRED 20e PLACE OF INJUR While Not while of work 17 of work 19	URY (Home, form, 20f (Cily or town) (County) (S office bldg., etc.)	itale)
			not I took charge of the remains described above, held resulted from: Natural couses X. Accident . Suid		n my
		ACTUAL SIGNATURE	Blothernes M.D. CHIE	DATE SIGN  Jan 15	I 9 6
· · · ·		NAME (Type)		SISTANT MEDICAL EXAMINER [] PUTY MEDICAL EXAMINER []	- 5 0
	220	BURIAL CREMATI REMOVAL ISPECT		(and the state of	id.
N	22	PHINERAL DIRECTO		246 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	
12	1	/		7 7	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if institution: Residence before edmission) a. COUNTY 2, and 3 to the funeral director. Page e. STATE b. COUNTY Frederick is necessary. õ Maryland Frederick retained for your files. MARYLAND Department b. CITY OR TOWN (if outside corporete limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Urbana Highwayafter death. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE If any delay ON A FARM? State Rural - New Market YES NO K 3. NAME OF Middle 4. DATE fast Month Day Your may be retained with the Silin 72 hours DECEASED OF (Type or print) Russell DEATH 29-Claude 66 Kidd 19 January death. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years HF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED TNEVER MARRIED lest birthday) Months Hours and 2 ma within Wala White WIDOWED [ DIVORCED June 63 yrs. MEDICAL EXAMINER: This certificate should be executed within 24 hours after te the certificate, writing the word "pending" in pencil in fam 18. Tive Pages 1, 2, at forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 in 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? Page . done during most of working life, even if retired) Frederick Co. Md. U.S.A. Truck Driver Excavating in any event File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME J. Brunner Kidd Marv E. Stuo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md. (Yes, no, or unkown) (Hyesgivewerordelesofservice) permit. and Mrs. Theresa Trail Kidd-Route 5-Frederick-18. CAUSE OF DEATH Enter only one cause per line for (e), (b), INTERVAL DETWEEN or removal, please execute the certificate, writing the word "pending" in pencil in the should be forwarded to the Chief Medical Examiner's Office along or VUNERAL DIRECTOR: Page 3 should be used as a burial-transity ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, W any, which (b) cremation geve rise to immediate cause DUE TO (e), stoting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? M YES. NO T 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, lEnter nature of injury to Part Lor Part II of Itam 18.) prior to PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL Month, Day, Yeer 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, form, 20f. (City, or lown) 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) While Noi While its designated agent, at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection inquiry and in my opinion Accident X. Undetermined manner death resulted from: Natural causes Suicide | Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER ö **EXAMINER'S** B.O. Thomas. Sr. M.D. NAME (Type) Address (Street, city, town, or county) Health 220, SURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county State REMOVAL (Specify) 0 Frederick. Md. 21701 Frederick Mem. Park 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE DATE VR AISME Etchison & Son-Frederick. Md. 21701 5M 1/63



Third Third Country is outside corporate limit.  Third Third Country is considered town.  Lifetime  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)  OWN HOME  DECRABED  UP to print)  S. SEX  DATE OF BETT  DATE O	-		LACE OF DEATH COUNTY Frederick MARYLAND	2. USUAL RESIDENCE [Where decessed lived, If institution: Residence bes. STATE Maryland b. COUNTY Freder j	ck
OWN Home  3. NAME OF DECRASED (Frye or print)  1. DECRASED (Frye or print)  3. NAME OF DECRASED (Frye or print)  4. COLOR OR RACE (7. MARRID MYER MARRID SECOND SEC				Thurmont	st town)
DECEASED (Type or print)  5. SEX  16. COLOR OR RACE (7. MARRIED NEVER MARRIED DIVORCED JAIN 11, 1896 PIRTH  18			Own Home		ON A FARM
TIDE. USUAL OCCUPATION (Give kind of work completed work) and the completed work by the		(1	Deceased Type or print) Howard Franklin Lat	OF Total	19 66
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   15. MAS DECLASED EVER IN U.S. ABMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT   17. Address   18. MAS DECLASED EVER IN U.S. ABMED FORCES?   16. SOCIAL SECURITY NO. 17. INFORMANT   18. MADE   18. MAD		1	male   White   widowed   Divorced	Jan. 11, 1896   looy birthday) Months Doys Hi	
Jennie Selsan		dom	Meratro-Packell even H relired Own Busines		HAT COUNTRY
Note	1	3. 1			
PART I. DEATH WAS CAUSED BY.    MMEDIATE CAUSE (e)   DUE TO	1	5. \ Yes,	an an indiana) I (Managa barangan data a damada )		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (State)	110	1	Conditions, if eny, which gove rise to immediate cause (e), stelling the underlying cause lest.  DUE TO  (b)  DUE TO  (c)  Doriden Intoxic	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. V	
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes I. Accident I. Suicide X. Homicide I. Undetermined manner C. CHIEF MEDICAL EXAMINER INTERIOR DEPUTY MEDICAL EXAMINER DEPUTY	Triple and		PRIMARY Or CONTRIBUTING O	YES	
death resulted from: Natural causes Accident Acc		Manager	Hour e.m. While Not While to work el work	ictory, street, office bldg., etc.}	(State)
ACTUAL SIGNATURE		- 1-			my opinion
PRAMINER'S NAME (Type)  B. O. Thomas, Sr. M. D.  Address (Street, city, town, or county)  226. BURIAL, CREMATION, 226. DATE THEREOF  226. NAME OF CEMETERY OR CREMATORY  226. LOCATION (City, town, or county)  (Siate)		- 1	death resulted from: Natural causes Accident Sui	CHIEF MEDICAL EVAMINED	
Bur Talisectry   1-23-66   Rest Haven Memorial   Nr. Frederick Fred. Ko. Me			ACTUAL Blokemas	M.D. ASSISTANT MEDICAL EXAMINER DATE	



DIVISION OF STATISTICAL RESEARCH AND ION STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased used. If Institution, Residence be one edmission) . COUNTY / the f nd 2 : leath. MARYLAND b. CITY OR IOWN (if outside corporete I mits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 e. IS RESIDENCE ON A FARM? YES NO Z 3. NAME OF 4. DATE Middle DECEASED (Type or print) DEATH 7. MARRIED DEVER MARRIED 5 SEX AGE (In years IF UNDER I YEAR) IE LINDER 24 HRS last birthdey) Months Days Hours WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUS 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME (Yes, no, or unkown) { (If yes of ve war or detes of service 18. CAUSE OF DEATH | Enter only one ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate couse DUE TO (a), stating the underlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING PERFORMED? NO Z 200. ACC.DENT WAS UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, Tenter nature of injury in Part I or Part I of 'tem 18.) 20c. TIME OF INJURY Month, Dey, Year | 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20l. (City or town) (County) (Stete) Not While fectory, street, office bldg., etc.) While Hour a.m. et work st work ...19 66, and that death occurred at S.AM, from the causes and on the date stated above saw the deceased alive on. 220, SIGNATURE 22b. DATE ATTENDING PHYS. PHYS. DIRECTOR MD. 22c. PHYSICIAN'S 22d. ADDRESS TO FUNE director, OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

death. Page 4



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whate deceased lived, if institution; Residence before admission) a. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest lown) <u>.</u>g-Pages 100 E d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address d. STREET ADDRESS IS RESIDENCE ON A FARMS NO D completely papers. 3. NAME OF 4. DATE Day Month 72 DECEASED OF (Typa or print) DEATH 19 carbon 5. SEX COLOR OR RACE AGE No years HE UNDER I YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS physician and last birthday) WIDOWED DIVORCED [ certificate 8 10s. USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Геп 13. FATHER'S NAME please altending Then WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifves give war ordatasof sarvice) 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO Conditions, if any, which (b) gava rise to immediate causa **DUE TO** (a), stating the undariting couse last. the After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 98 9 PERFORMED? YES NO D prior 150 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enlar nature of injury in Part I or Part II of item 18.) jo Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 2Df. (City or fown) (County) (State) factory, streat, office bldg., atc.) Not While ö Hour a.m. at work at work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from. plnous State ...19...(, and that death occurred at I A.M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b J DATE ATTENDING SIGNED П PHYS. DIRECTOR PHYS. HOSPITAL O FUNERAL page with 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type director, I be filed v 23a. BURIAL, CREMATION, | 236 DATE THEREO CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY 25b. REGISTRAR'S VR A15 (4) 20M 5-63



VR A15 (4 20M S-63

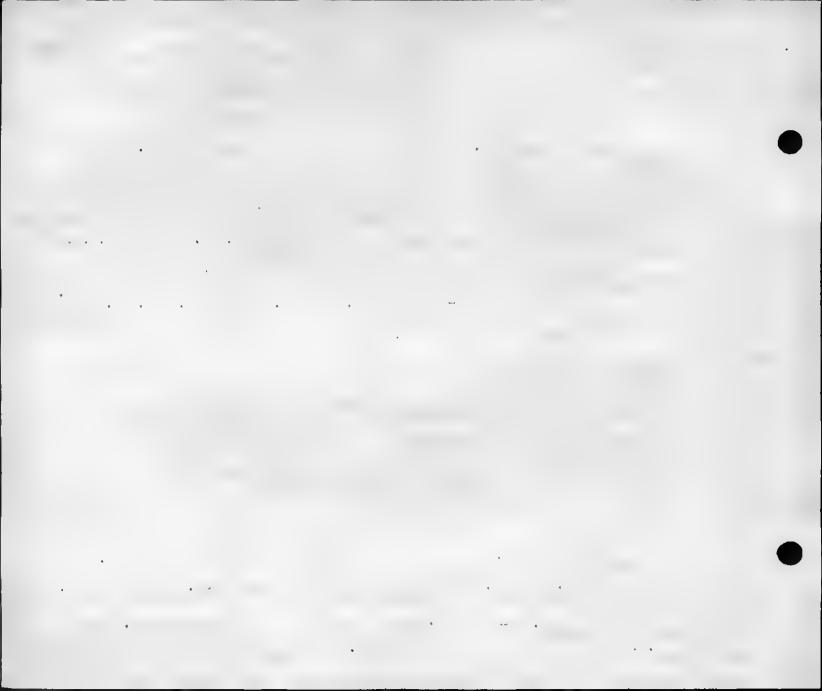
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00730_		CERTIFICATE	OF DEATH		00713
	PLACE OF DEATH  COUNTY  COUNTY	ve recrest town)	MARYLAND c. LENGTH OF STAY IN 16 Lifetime	•. STATE Mary. •. CITY OR TOWN (III Frede	F COUNTY	Frederick RURAL and give nearest town
		or institution (if not in anney Apts.  First  Woodrow	hospitel, give street eddress)  Middle  Wilson Merc	Last	Aney Apts.  4. DATE Month of DEATH January	e. IS RESIDENCE ON A FARM? YES NO X  The state of the sta
10a	SEX 6 [ale   USUAL OCCUPATION no during most of working Retired	White WIDO	RRIED NEVER MARRIED B	Sept. 25-1912	9. AGE (In yeers   1   1   1   1   1   1   1   1   1	17
15.	WAS DECEASED EVER	Cleveland Mer	16. SOCIAL SECURITY NO. 17. 1		s-(living)	Md. AptsFrederick-
CATION	PART I. DEATH V  IMI  Conditions, if eny, y gave rise to ammediate (e), stating the under	ceuse	or ine tor (o), (b), end (c). I Myscardia En pailme Kronic from	l infarcis naral chialasths	hon ma demplyses	INTERVAL BETWEEN ONSET AND DEATH  ICML'T  Sylono  MIN PART 1(0) 190 WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICA	200. ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY MI  20c. TIME OF INJURY Hour s.m. p.m.	CAUSE OF DEATH EDICAL EXAMINER)  Month, Day, Year 20		ED. (Enter nature of injury in ACE OF INJURY (Home, ferm tary, street, office bldg., etc.	, , 20f. (City or town)	(County) (State)
238	21. I certify that saw the deceased 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Dr. LeRoy T. Jan. 12-196	Davis  23c. NAME OF CEMETERY  36 Jefferson Luci	death occurred at 2:  ATTENDING MATTENDING M	AGA, Arom the causes are likector Phys. Caus	d. 21755 STRAR'S SIGNATURE
_			The same of the sa	DAVACIN	+ 6 1956_ /C	ientes Judge



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Frederick Frederick Maryland by the land 2 death. MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town? 24 <u>-</u>-Lifetime Frederick Frederick Pages within filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE hours ON A FARM? YES NO TE East Third St. East Third papers. n 72 ho completely 3. NAME OF Middle 4. DATE DECEASED OF Ralph Edwin Nusz January (Type or print) DEATH 66 19 within carbon 6 COLOR OR RACE , 7. MARRIED X NEVER MARRIED AGE (In years IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX hysighan and lest birthdey) Months Min. Male White December 22- 1892 WIDOWED | DIVORCED | remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Foreman Brush Company Frederick Co. Md. U.S.A. 14. MOTHER'S MAIDEN NAME please 13. FATHER'S NAME attending Edwin Lewis Nusz Clementine America Bopst Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address removal, (Yes, no. or unkown) | (If vesqive wer or detect service) No 21.1.\_10\_2161. Mrs. Laura K. Nusz-21h E. 3rd. St.-Frederickpermit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] þ ONSET AND DEATH assurer assederit 0 PART I, DEATH WAS CAUSED BY: as been signed to burial-transit per IMMEDIATE CAUSE (e) cremation, DUE TO affending Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), steting the underlying ceuse lest. the PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? 8 0 YES 🗍 NO T USe prior 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) ρ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this Health detached S 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) MEDI While Not While retained Hour e.m. Ö, may be retaine DIRECTOR: et work at work p.m. Dept. . ....... 1966, that (I) (we) last 19:52 21. 1 certify that (1) (this hospital) attended the deceased from. O 19 U. G., and that death occurred at State M. from the causes and on the date stated above saw, the deceased alive on..... should 224 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF Jan. 9-1966 DIRECTOR PHYS. PHYS. M.D HOSPITAL. FUNERAL page with # 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) Professional Bldg .- Frederick, Md. 21701 James B. Thomas ector, I death. 236. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 音串 0 Mt. Olivet Cemetery Frederick, Md. 21701 11-1966 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 7 Frederick. Md. 21701 VR A15 (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

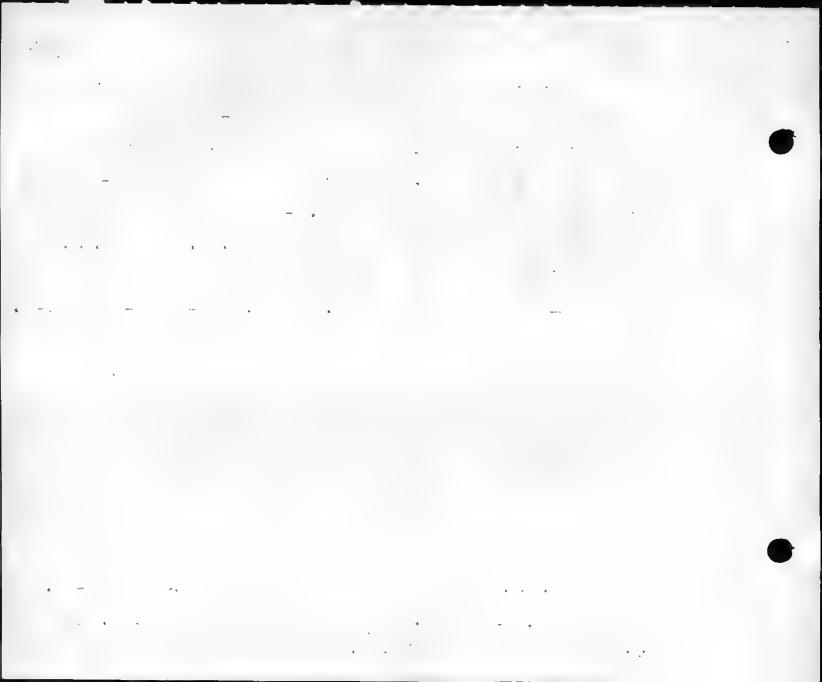
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remove, and it any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00732	CERTIFICATI	E OF DEATH		
1. PLACE OF DEATH			E (Where deceased lived, If Institution	on: Residence before admission)
Frederick	MARYLAND	a. STATE Ma	ryland b. COUNTY F	rederick
b. CITY OR TOWN (if outside corporate limit write RURAL and give nearest town)			outside corporate (imits, write RL	JRAL and give nearest town)
Frederick	years	Ru	ral- Frederick	11
d. NAME OF HOSPITAL OR INSTITUTION (If no	ot in hospital, give street address)	d. STREET AODRESS		e. IS RESIDENCE ON A FARM?
Frederick Memorial	Hospital	!	ute 5- (Ridge Ros	
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Oay Year
(Type or print) May	D.	Ogle		23- 19 66
5. SEX 6. GOLOR OR RAGE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IFUN last birthday) Mont	TOER 1 YEAR IF UNDER 24 HRS.
Female White WID	OWED A DIVORCED	Nov. 1- 187	O of yrs.	
10a. USUAL OCCUPATION (Give kind of work done   during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or foreign country)	2. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Homemaker	Own Home	Frederick	Co. Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIR	EN NAME	
Thomas Dixon		Julia H	liteshew	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SEGURITY NO.   17.	INFORMANT	Address	
(Yes, no, or unkown)   (If yes give war or dates of service)	None M	rs. Harold E	. Moser-Route 5-	Frederick-Md.
18. CAUSE OF DEATH [Enter only one cause		. 1	0 '0	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: (	Upagestine	Heart	talline	ONSET AND DEATH
IMMEDIATE CAUSE (a)		DO O	, 0 '	
Conditions, if any, which	internoles	stre He	art Viseas	2
gave rise to immediate	2 11 5	C	1. 0 -0	1
cause (a), stating the underlying cause last.	We arema	- Severe "	Repluscher	المالة
	NTE BUT ING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
[8] (On a On a of	Duban chion	1		YES NO
20a. ACCIDENT WAS UNDERLYING		JRRED, (Enter nature of	f Injury in Part 1 or Part II of Iter	
PART II. OTHER SIGNIFICANT CONDITIONS COL		•		
		CE OF INJURY (Home, fa		(County) (State)
Hour a.m.	While - Not While - facto	ory, street, office bldg., e		
	at work at work		· ( 1 · 1 · 2 · 3 · ·	196 6, that (I) (we) last
21. I certify that (I) (this hospital) a				
saw the deceased alive on	<u> </u>	t death occurred ata	22t IVI, from the causes and	
22. STAME -C-		ATTENDING (C)	MED. STAFF	-23-66
22c. PHYSICIAN'S	).M.C	D. PHYS. X	DIRECTOR PHYS.	
NAME (Type) Dr. G.F.Me:	adora		House Ave Frede	rick- Md.
23a. BURIAL, CREMATION, 23b. DATE THEREO			23d. LOCATION (City, town of	
REMOVAL (Specify)	1966 Mt. Olivet C		Frederick, M	
24. FUNERAL DIRECTOR	AODRESS This		C'D BY REGISTRAR 25b. REGIST	TRAR'S SIGNATURE
M.R.Etchison & Son-	Frederick, Md.	The section of the section	26 1956	May Judge

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE-EXAMINER: This cartificate should be executed within 24 hours after death. If any delay is necessery, Page to writing the word "postding" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director, Page 1, 2, and 3 to the funeral director your files. 6 2 with the State Department ment after death. 2 and in any event permit. File pages Of removal, burial-transit cremation, please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Madical Examiner's CO FUNERAL DIRECTOR: Page 3 should be used as a b designated agent, prior to burial, MEDICAL

## AARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence Before admission) Frederick . cornirederick Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Middletown, Middletown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES TO NO TO 3. NAME OF First Middle 4. DATE Day Month DECEASED Martha Mae (Type or print) Palmer 23 1966 DEATH Jan. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Hours Female White WIDOWED [ DIVORCED [ 10s. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign eountry) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired)
HOUSEWITE Own Home U.S.A. Maryland 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry B. Eccard Orpha Stottlemyer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Hyes give were release fervice) Clark O. Palmer Middletown. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geva rise to Immediata ceuse DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? **'**100 NO I 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or lown) (Steta) Jeclory, street, office bldg., atc.) Not While MEDI et work el work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S B.O. Thomas, Sr. M.D. NAME (Typa) Address (Street, city, lown, or county)

22c. NAME OF CEMETERY OR CREMATORY

Jan. 26.1966 Lutheran Cemetery

TO PU. Health VR A15ME 5M 1/63

O DEPUTY

Or 115

23. FUNERAL DIRECTOR ADDRESS Gladhill Middletown, Md. Co.

22a. BURIAL, CREMATION, 22b. DATE THEREOF

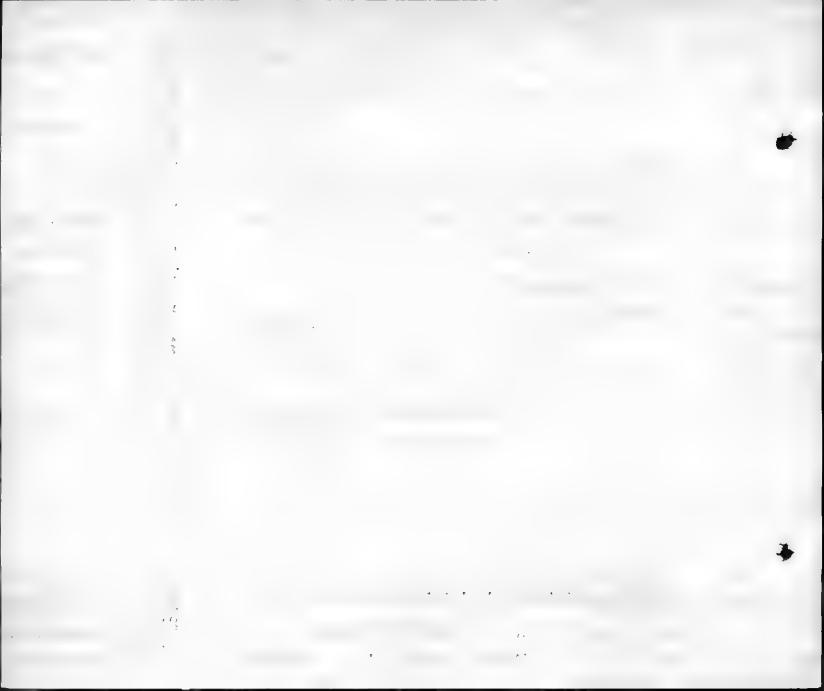
REMOYAL (Spacify)

Burial

Middletown 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, lown, or county)

(State)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before adm ising) hours a. COUNTY b. COUNTY </ by the and 2 death, Frederick Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Pages 1 urs after .⊑ € \$ince 12/17/59 Bishopville Frederick filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM Marvland Odd Fellows Home papers. in 72 ho NO A completely 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) ALFRED **OUILLEN** CALLIE DEATH January 28. 1966 noq. AGE (In years IF UNDER I YEAR) IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE: 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED pue lest birthday) | Months | Car Hours 29 Oct 1879 Male Whi te WIDOWED KX 86 DIVORCED [ 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INCUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Self-employed - Deep Sea Fisherman-Retired Ocean View. Delaware Δ, please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Nathaniel Ouillen Sarah Geland mit. Then removal, a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyes give wer or detectors ervice) 221-20-8828 Md. Odd Fellows Home Records, Frederick, Md. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by rial-transit permi 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause has b e buri rial, c DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY \$ 0 CERTIFICATION PERFORMED? U50 prior NO X R: After this ce detached for u 200. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 204. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) (Stelle) Month, Day, Year 20f. (City or lown) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. CTOR: et work at work D.M. 21. I certify that (I) (this hospital) attended the deceased from his 19.6.6 that (I) (we) last 19.6. / to :05M, from the causes and on the date stated above. ...19.4.6., and that death occurred at saw the deceased alive on.... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED death. Page 4 29 Jan 1966 with H DIRECTOR PHYS. HOSPITA 22c. PHYSICIAN'S ADDRESS NAME (Type) ector, filed B. O. Thomas, M. D. 6-A Watkins Acres. Frederick. Md. 21701 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) O.F. B REMOVAL (Specify) 2/1/66 Evergreen Cemetery Berlin, Md. Burial 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Md./ VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

20M 5-63



TO FUNERAL DIRECTOR: After this certificate has been signed by the "tte" ling plysician and completely fifted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept. executed within 24 hours after death. TO MESHIAL ON ATTENDING PRINTING The law requirem that the math certificate be Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

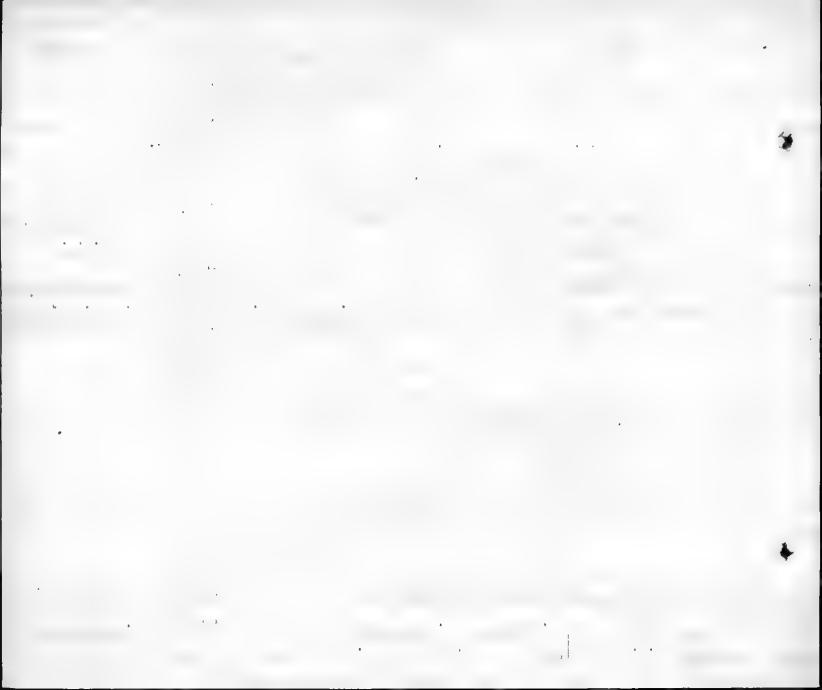
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	sidence before admission)
1	a. COUNTY Fredering MARYLAND	a. STATE b. COUNTY	Frederick
ŀ	b. CITY OR TOWN (If outside corporate limits,   c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
L	write RURAL and give nearest town)		- 1
L	soderier 7/7/n.	Mt. Airy	e. IS RESIDENCE
н	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?
	Frederick Neurical	Rt. #1	YES NO
Г	3. NAME OF PIRST MIDDLE	Last 4. DATE Month	Day Year
I.	(Type or print) Willram Warne Rile	GRAN DEATH January	1966
	5. SEX   6. COLOR OR RACE   7. MARRIED   VEVER MARRIED		
1	WIDOWED DIVORCED	11 Jan 66 lest birthday) Months	Days Hours Min.
ŀ	10a. USUAL OCCUPATION (GIVE kind of work done   10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. Cl	TIZEN OF WHAT
L	during most of working life, even if retired) INDUSTRY		UNTRY?
-	12 CATUPDIO MAME	1 / www.	47/7
ŧ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ı	Bernard Franklen Keppegn	Belly love July	
Г	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) ((If yes give war or dates of service)	INFORMANT	
П	(1es, trai, or minamit) (11 Jes dire wat of dates of service)	Koopelal Rocardo	
ŀ	18. CAUSE OF DEATH [Enter only one cause for line for (a), (b), and (c), ]	1 0, 30 500	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	Last Dailin	ONSET AND DEATH
П	IMMEDIATE CAUSE (a)	Jean Fairne	
ı	DUE TO O	Λ ρ. Ι	
1	Conditions, if any, which	relectaels	
1	gave rise to immediate (	4	
ŀ	underlying cause last. (c)	ruly	
Ì	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
		4	PERFORMED?
-	20a. ACCIDENT WAS UNDERLYING IT   20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.	
ı	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTREL  202. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO DEATH BUTNOTREL  203. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO DEATH BUTNOTREL  204. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO DEATH BUTNOTREL  205. DESCRIBE HOW INJURY OCCIDENT OF THE CONTRIBUTION OF THE	ALIERO CELLO HETELO DE MINES AL CALLES DE CONTROL DE CO	,
		CE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)
П	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA   Hour a.m.   While   Not While   at work   at work	ory, street, office bldg., etc.)	
1			,
П	21. I certify that (I) tthis hospite() attended the deceased from_/	Tan, 1966, to 11 Jan, 196,	红, that (I) -(we)-last
П	saw the deceased alive on // Jom 1966, and tha	t death occurred at AAM, from the causes and on the	
П	22a. SIGNATURE		ATE SIGNED
ı	M. Lyward	D. PHYS. MED. STAFF DIRECTOR PHYS.	Van 60
П	22c, PHYSICIAN'S	22d. ADDRESS	7 2. 0
۱	(Туре)	6 603 al It. trederick	2, Mal
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY   23d. LOCATION (City, town or cou	inty) (State)
	REMOVAL (Specify)	60114	
	24. FUNERAL DIRECTOR 2 ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR	
	B. Dend Moseradalist	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0
41	Ved de de la	MAN 13 1986	ye. Jac.



1		Division	of STATIS	STICAL	MAI L RESEA	ARCH.	ND ST AND RE	CORDS	, 301 W	. PREST	OF HE	EET, B	ı ALTIM	ORE 1, MA	RYLAND	
OR STATE	0.0	737		ME	DICA	(L E)	KAMI	NER'S	CER	FIFICA	TE O	F DE	ATH	() (	1720_	
<b>41.</b>	1. PLACE a. COUN	OF DEATH						1	2. USUA				lived, If i	200	nce balore admis	sion)
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		RURAL end	give nearest to ederick	wn)	•		fetim		e. ciri		erick	огрогава иг	mus, write	KUKAL and give	noorest town)	
	d. NAMI		AL OR INSTITU		not in hos	1			d. STR	ET ADDRESS					a, IS RESIDE	NCE
1		Dag	O.AFr	eder	ick k	lem.	Hospi	tal		227	East 1	hird	St.		ON A FA	
	3. NAME	OF		First			Middle		Le	si	4. DAT	E	Month	Day	Year	-
	(Typa or	print)		Harr	N.		E.		utzah		DEA	тн Ја	anuar	у 6-	19 66	
	5. SEX		6. COLOR OF	RRACE	7. MARRIE	DE NE	YER MARRIE	D   8.	DATE OF E	IRTH	_	9. AGE	(in years   irthday)	Months   Days	Hours M	
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١			Melvin	Rout	zahn	- 1i	ving				ambert	- dec	cease	d		
r	15. WAS DE	CEASED EVE	R IN U.S. ARM	ED FORC	CES? 116.	SOCIAL :	SECURITY N	O. 17. II	NFORMAN				Address	Frederi	ck Md.	
	Yes		W War	11	22		-5233	Mrs	. Dor	othy D	. Rout	zahn-	-227	E. 3rd.	St.	
			RATH JEnter o		per li	ina for (a)	), (b), and (e	).]	0	0		1.	1	, k	NTERVAL BETWEE	N H
	"	II DEATH	WAS CAUSE MMEDIATE CA	USE (a)_			- MK	yoc	at I	LAX	02	yra	ico	COM		
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	gave ris	ons, îl any, se to Immedia	ità cause	(b)_	7	1	AC. O	J-17	04.0	2 0	100	CON		-		
	(a), sta	ling the un	derlying	(c)	CC	ne	wo	scli	wort	ice .	Itea	it t	يهارا	rease		
	Z PA	RT III OTHER	SIGNIFICANT		ON'S CON	ITRIBUTIN	IG TO DEAT	H SUT NO	T RELATED T	O THE TERM	INAL DISTA	SE CONDIT	TION GIVE	EN IN PART I(e)	19. WAS AUTO	PSY
	20e. E. PRIMAR	120	le	Q'	Mu	40	ca	سک	earl	0	24	all (	CA_		YES NO	
-	20e. E	KTERNAL CA	USE WAS NTRIBUTING [	20	b. DESCR	IIBE HOW	INJURY O	CCURRED.	(Entar natur	of injury in	Pert 1 dr Bu	rt II of stem	18.)			
		OF DEATH. ME OF INJUR	V Month	Day, Yaer	204	IN ILIBA C	CCURRED	20a PLAC	CE OF INJUS	Y (Homa, far	m ' 201 (	City or tow	an)	(County)	(Stele	-1
	V ]	lour a.m.	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		While	Not	While work	facto	ory, strant, of	lica bldg., at	c.		,	(602))	10.01	''
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		resulted fr			1505 📈		ident .		de 🗍.	Homicide		Undetern	,		,	
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	ACTU	AL ATURE	130	01	10	20	LES		M.D. AS	SISTANT ME	DICAL EXAM	AINER _			DATE SIGNEI	>
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	NAME	(Type)	N.J 22b. DAT	E THEREC	77.6	22c. NA	SILS V	ETERY OR			city, town,			or county)	(State)	- 0
		AL (Specify)	Jan.				Olive							Id. 2170		
	23. FUNER	AL DIRECTOR	Elw	( = z (	-	ADD	DRESS 24	hitm	une.	24a. RE				STRAR'S SIGNA		
	M.R	.Etchi	son & S	oon	1	rede	rick,	Md.	STAOT	JAN	10 19	966	1979 4	carles Ju	dar.	
1 .													V			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 00738 PLAGE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) after deal a. CDUNTY b. COUNTY Frederick Maryland Frederick ve carbon papers. Pages 1 event, within 72 hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Libertytown 3 months Frederick and completely filled in remove carbon papers. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? Frederick Memorial Hospital YES NO T Month NAME DF First DATE DECEASED SAPPINGTON, 3rd. DEATH **JAMES** COALE 1966 January (Type or print) HE UNDER 24 HRS 8. DATE OF BIRTH AGE (In years IFUNDER 1 YEAR last birthday) Months | Days 6. COLOR OR RACE 7. MARRIED NEVER MARRIED any White Malle DIVORGED T Oct. 29, 1904 WIDDWED 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)

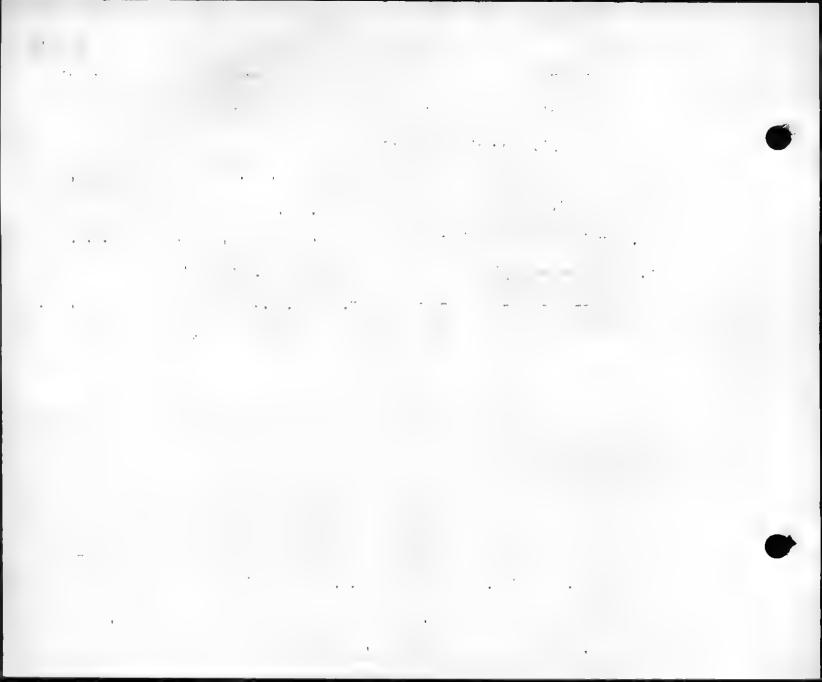
Ret. Foreign Service Officer None 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT physician please I, and i death certificate be Bazile Mills, Nebraska 14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME гетоуа been signed by the attending the burial-transit permit. Then it to burial, cremation, or remov Claire E. Sappington Dr. James Coale Sappington 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) 216-46-4630 Νo Mr. Thomas A. Sappington Libertytown, Md. INTERVAL BETWEEN CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c) **ONSET AND DEATH** PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate **DUE TD** cause (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate CERTIFICAT NO J YES -20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I MEDICAL (State) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME DF INJURY Month, Day, Year factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. While A Not While OR ATTENDING be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. and that death occurred at saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. page 1/31/1966 DIRECTOR PHYS. M.D. 4 may O FUNERAL I director, pay should be file 22d. ADDRESS PHYSICIAN'S Robert S. M.D Hughes Montclaare Avenue Frederick, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, St. Peters Catholic Cemetery Libertytown, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO ADDRESS Billowley

Frederick.

Maryland

1966

VR A15 (4) 15M 4-64



-1-	00739 CERTIFICATE OF DEATH
/ 1	1. PLACE OF DEATH   2. USUAL RESIDENCE (Where deceased lived, if institution; Residence be
ı	Frederick Maryland B. COUNTY Frederic
[-	Frederick Maryland Maryland Frederic  b. CITY OR TOWN (if outside corporate limits, write RURAL and give neare
L	write RURAL and give nearest town)
	Frederick years Frederick
П	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS
1	910 Chestnut Street 910 Chestnut Street
	3. NAME OF First Middle Last 4. DATE Month Day
	DECEASED (Type or print) Roy C. W. Schaffer DEATH January 22-
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF U
	Months Days Ho
-	Male   White   WIDOWED   DIVORCED   September 16-1886 79 yrs.
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WI
L	Retired Farmer Own Farm Frederick Co. Md. U.S.A.
	13. FATHER'S NAME
	Nicholas Granville Schaffer Ella Melcora Grove
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
=	No 215-36-6826 Mrs. Grace L. Schaffer-910 Chestnut St.
	ONSET
	IMMEDIATE CAUSE (B)
	4201 DUETO 0 - 1 1 - 1 1
	Conditions, if any, which (b) arterior Derstei heart dessire 4e
	gave rise to immadiata cause
	(a), stating the underlying
	(V)
	O TAKE III OTHER SIGNATURE CONTROL OF THE CONTROL O
	if
	, YES
	, YES  20s. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Hom 18.)  OR CONTRIBUTING   CAUSE OF DEATH
- 1	, YES    206. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
- 1	
- 1	2Dc. TIME OF INJURY Month, Day, Year Hour a.m. 2Dd. INJURY OCCURRED Hour a.m. 2Dd. (City or town) (County)
- 1	ZDc. TIME OF INJURY Month, Day, Year Hour a.m. 2Dd. INJURY OCCURRED Sectory, alreet, office bldg., atc.) (County)  While Not While at work at work at work
- 1	2Dc. TIME OF INJURY Month, Day, Year Hour a.m. 19 2Dd. INJURY OCCURRED tectory, street, office bldg., atc.]  2De. TIME OF INJURY Month, Day, Year While at work 19 2Dd. INJURY OCCURRED tectory, street, office bldg., atc.]  2De. TIME OF INJURY Month, Day, Year While at work 19 2Dd. INJURY OCCURRED tectory, street, office bldg., atc.]  2De. TIME OF INJURY Month, Day, Year work 19 2Dd. INJURY OCCURRED tectory, street, office bldg., atc.]
- 1	2Dc. TIME OF INJURY Month, Day, Year Hour a.m. While at work 19 attended the deceased from 195. to 1966, that saw the deceased alive on 1964, and that death occurred at
- 1	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County)  Hour a.m. While at work 19 heat work 19 that (I) (this hospital) attended the deceased from 1966, and that death occurred at
	2Dc. TIME OF INJURY Month, Day, Year Hour a.m. While at work 19 Not While at work 19 tectory, street, office bldg., atc.)  21. I certify that (I) (this hospital) attended the deceased from 196.C., and that death occurred at
	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County)  While Not While at work 19 fectory, street, office bldg., atc.)  21. I certify that (I) (this hospital) attended the deceased from 196.C., and that death occurred at
	2Dc. TIME OF INJURY Month, Day, Year Hour a.m. While at work 19 Not While at work 19 tectory, street, office bldg., atc.)  21. I certify that (I) (this hospital) attended the deceased from 196.C., and that death occurred at
	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County)  Hour a.m. 19
	2Dc. TIME OF INJURY Month, Day, Year Hour a.m. While at work   20e. PLACE OF INJURY (Home, form, fectory, street, office bldg., atc.)   20f. (City or town) (County)    21.   Certify that (I) (this hospital) attended the deceased from
1	2Dc. TIME OF INJURY Month, Day, Year Hour a.m. While at work 19 Month, Day, Year While at work 19 Month, Day, Arrest, office bldg., atc.]  21. I certify that (I) (this hospital) attended the deceased from 196.C., and that death occurred at
/	2Dc. TIME OF INJURY Month, Day, Year Hour a.m. While at work   20e. PLACE OF INJURY (Home, form, fectory, street, office bldg., atc.)   20f. (City or town) (County)    21.   Certify that (I) (this hospital) attended the deceased from



## death. Page 4 may be retained by the hospital or attending physician. IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Kn 24 hours after executed The law requires that the death certificate be

## MARYLAND STATE DEPARTMENT OF HEALTH

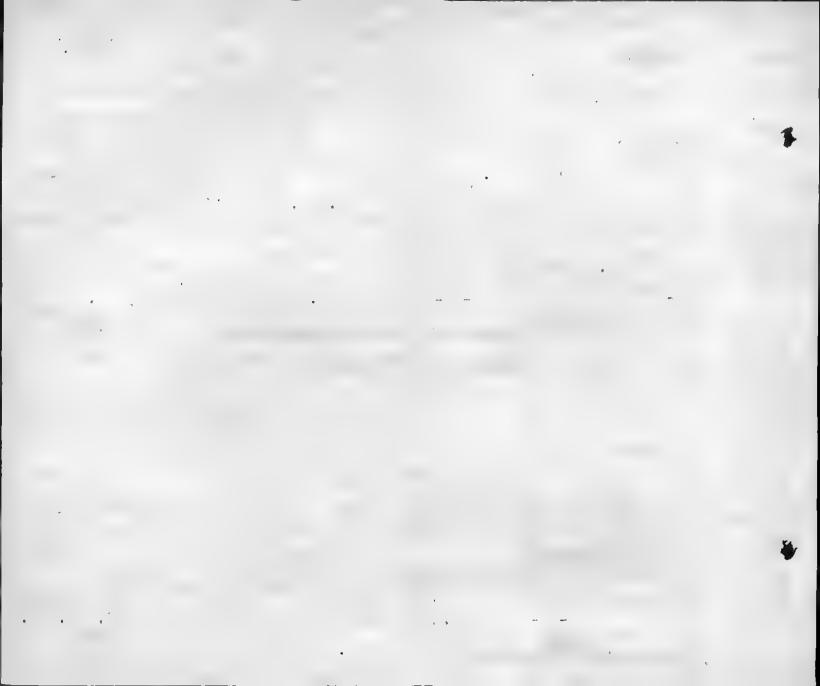
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	_00740	CERTIFICATI	OF DEATH		10723			
	1. PLACE OF DEATH 2. COUNTY Frederick	MARYLAND	e. STATE Mary 1		Frederick			
	b. Ciffy OR TOWN (if outside corporate limits,	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Woods boro rural					
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospite	al, give street address)	d. STREET ADDRESS	1 01 02	IS RESIDENCE     ON A FARM?			
	Frederick Nursing Home				AF2 NO			
	3. NAME OF First DECEASED (Type or print) Maurice C.	Smith	Lest 4. DATE OF DEAT	H fan	8 19 66			
	5. SEX 6. COLOR OR RACE 7, MARRIED	NEVER MARRIED   B.	DATE OF BIRTH	9. AGE (In years IF UND	DER 1 YEAR   IF UNDER 24 HRS.			
	male white widowed	DIVORCED S	pt. 13, 1882	Sest birthday) Month				
	10s. USUAL OCCUPATION (Give kind of work denorduring most of working life, even if retired)  OW	o of Business or Industry	Maryland	r foreign country) 12.	USA			
	13. FATHER'S NAME	1	. MOTHER'S MAIDEN NAME					
	Calvin P. Smith			h Albaugh				
		= 38=0394 En	ma E. Smith	Woodsboro	. Md. RD 1			
	18. CAUSE OF DEATH (Enter only one cause per line	for (a), (b), and (c).)		7-	INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.	ingozardu inclusté cas	dio rosestora	lucial	Several yes			
_	PART II OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT I	RELATED TO THE TERMINAL DISEASI	CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO MA			
	OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURED, (E	nter nature of injury in Part I or Part	II of item 1B.)				
	ZOc. TIME OF INJURY Month, Day, Year 20d. INJ Hour a.m. Whila p.m. 19 at work	Not While et work	OF INJURY (Home, farm, 20f. (Ci	ty or lown) (	(County) (State)			
	21. I certify that (I) (this hospital) attended saw the deceased alive on	d the deceased from.			19, that (I) (we) last the date stated above.			
	220. SIGNATURE State	м.о.	ATTENDING MED.	STAFF PHYS.	22b. DATE SIGNED			
	22c. PHYSICIAN'S NAME (Type) EA. D.ETT	BARN	22d. ADDRESS Walle	unille	, mid.			
	BEMOVAL (Specify)	3c. NAME OF CEMETERY OR		CATION (City, town or co	ounty) (Stete)			
	Buriar 1-11-66	Mt. Hope Cen	netery   Wo	odsboro F	red. Co. Md.			
	24 JUNERAL DIRECTOR'S SIGNATURE	ADDRESS	- 11/1/77	STRAR 256. REGISTRAL	R'S SIGNATURE			
- 4	Vanmond a Covagn	Thurmont, M	Id. DAMAN II.	JOB ACCE	the Judge			

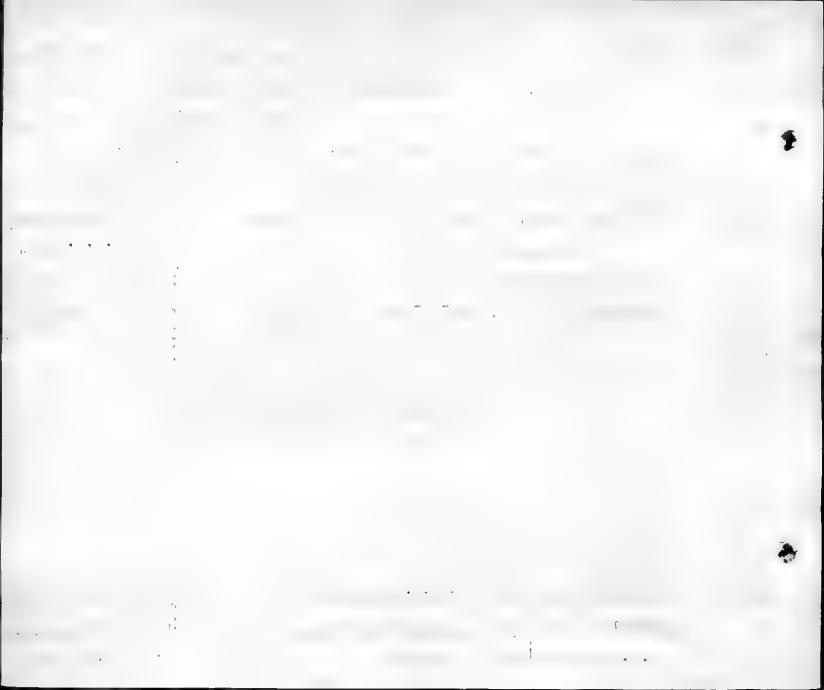
VR AIS (4) 15M 7-62

ATTENDING PHYSICIAN:

TO HOSPITAL



1	Tt	em 18 Film G575 2/.	RESEARCH AND RECORDS	DEPARTMENT OF	MEALTH STREET RALTIM	ORE 1. MARYLAND
FOR STATE			DICAL EXAMINER'S	*	OF DEATH	
HEALTH DEPTS	1. 1	PLACE OF DEATH		2. USUAL RESIDENCE	Where deceased lived, If	institution: Rasidance before admission)
> = + At .	1	. COUNTY		e. STATE	b. cour	YTY
ssary, Page files.	-	Frederick  D. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF ou	. 8 NC Iside corporata limits, writ	Frederick  RURAL and give manest town)
ay is necessary al director. Pag for your files. Department or death.		write RURAL end give nearest town; Rural Ijamsville	Life		I jams ville	
·a ·ig C Sta		H. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ADDRESS	TlamaATTT	e. IS RESIDENCE
		Ijamsville Rt J	Fred Co.Md	Ijamsville	Rt 1.Fred	Co. Md YES NO X
F 글 뜸 당 #	3.	NAME OF First DECEASED	Middle	Last 4.	DATE Mont	
f ar reti		(Type or print) Roland	Horace S	nowden	DEATH Jan	14 19 66
22 h	5.	SEX 6. COLOR OR RACE 7		DATE OF BIRTH	9. AGE (In years lest birthdey)	IF UNDER 1 YEAR IF UNDER 24 HRS.
		Male Negro	WIDOWED DIVORCED	8/24/1907	58 yrs.	Months Deys Hours Min.
1, 2, and 2 and 2 within	10a.	USUAL OCCUPATION (Give kind of work to during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTR		oreign country)	12. CITIZEN OF WHAT COUNTRY?
S S T T		onstruction	4-4-4-4-4-4-4-4-	Maryland		U.S.A.
4 hours a Pages 1, M3, Page ages 1 ar		FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
A) // 75 CL %	24	*## Horace Snowder		Harriet Bow	rie	
.≩∞.o ≒ -=	15.	WAS DECEASED EVER IN U.S. ARMED FORCE, no, or unknown) [ [flyes give war or detector ser	ES?   16. SOCIAL SECURITY NO.   17. 1	NFORMANT	Addres	Fred Co, Md
ited wit rem 18. with fo permit.		Yes WW 11	215-26-8102	Sadie N. Sno	wden Rt	l Imams ville
executed a fill in Item I llong with ansit perm		18. CAUSE OF DEATH  Enter only one of PART I. DEATH WAS CAUSED BY:	ay(6) par line for (a), (b), an(5) (c).)	1100 + 2	. 0	INTERVAL BETWEEN ONSET AND DEATH
be exection in a short in a short in transit removal	П	IMMEDIATE CAUSE (a)_	Congestive	Heari )	accure	
ould be exec in pencil in Office along burial-transit	Н	UE TO	Artehoscleroria	1 100 Ch 54		*
shou s, a s Of a bu	Н	Conditions, if eny, which (b)_	Torquise 10	O Comment	neumo	na
ding ding as a		(e), stating the undarlying DUE TO	VINNELLINDY IN	en delebrer	( Berneum	,
MINER: This certificate should be executed vriting the word "pending" in pencil in Item 1 Chief Medical Examiner's Office along with age 3 should be used as a burial-transit permit prior to burial, cremation, or removal, and		PART II OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIV	VEN IN PART 1(a); 19. WAS AUTOPSY
s cer ord " ord " be u	CERTIFICATION	TAKE II. COME CONTINUES IN CONTINUES				PERFORMED?
This ce word dical E uld be burial	읦	20e. EXTERNAL CAUSE WAS 20	b. DESCRIBE HOW INJURY OCCURRED.	(Entar nature of injury in Part I	or Part II of item 18.)	I IES M NO LI
This we	LER!	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.				
AMINER: This conversion of the word writing the word and the condition in the prior is burial at, prior is burial	1 1	20c. TIME OF INJURY Month, Day, Yaar	20d. INJURY OCCURRED 20o. PLA	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (Slafe)
AMII) writii e Chii Page nt, pr	MEDICAL	Hour e.m. 19	While Not While   fact	ory, street, office bldg., etc.)		
T MEDICAL EXANCINE the certificate, with the forwarded to the CAL DIRECTOR: Paging designated agent,		21. I certify that I took charge of	1 4 4 ,	ld an Autopsy 7. Ins	pection , Inqui	ry . and in my opinion
A CLEAN THE	Ш		ses Accident . Suici		. Undetermined n	
DIC Pard Aard Aard IRE	Ш	0 6-11		CHIEF MEDICAL EXAM	MINER -	
de Dor the	Ш	ACTUAL SIGNATURE	mas_	ASSISTANT MEDICAL	EXAMINER [	DATE SIGNED
P D OC S		OW RMINIPPIC		DEPUTY MEDICAL EX	AMINER 🔯	1-111-1-1
DEPUTY MEDICAL EXAMINER: 1 sease execute the certificate, writing the should be forwarded to the Chief Mer FUNERAL DIRECTOR: Page 3 should be forganied agent, prior to		NAME (Type) B.O. Thon	as, Sr. M.D.	Address (Street, city,	town, or county) Frys	ederick 17-06
O DEP please 4 should O FUN Health	22e.	BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify)		CREMATORY 22	LOCATION (City, 10W)	n, or county) (State)
5 g 4 5 z	ינו	4 / /	66 Fountain Mi	lls F	rederick C	o Md
We would be	23.		ADDRESS			GISTRAR'S SIGNATURE
VR AISME 5M 1/63		C.F. Hicks, 111	Frederick, Md	15AnN 17	1956 1 106	world Judge
					(/	0 0



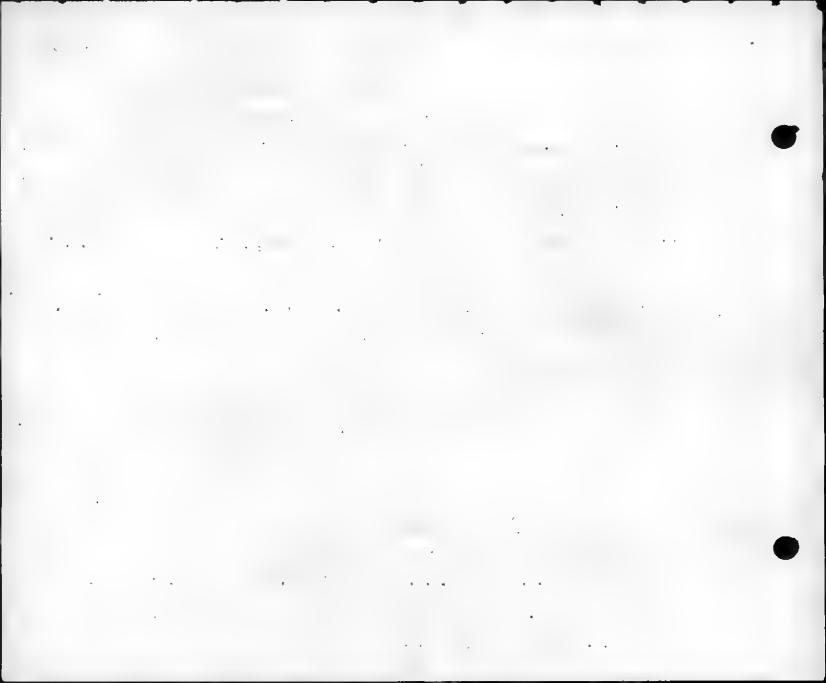
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

ı	1	00742			CER	TIFICATI	OF DEATH		00725
J	1.	PLACE OF BEATI	8					E (Where deceased lived, If institution	n: Residence before admission)
1		Frederi	ck			MARYLAND	a. STATE	nd Freder	ick
1		b. CITY DR TOW Write RURAL		orporate limi	ts,   c. LENGTH	OF STAY IN 1b		outside corporate limits, write RU	
ı		Frederi		est town)	Mont	hs	Freder	ick	
ŀ	_			TITUTION (If n	ot in hospital, give		d. STREET ADDRESS	ION	e. IS RESIDENCE
2	Mo	nocacy F	Fall Mur	eine H	oma.		100 Fairvi	ew Avenue	ON A FARM?
		NAME DE	Tall Hul	First		idle I	Last	4. DATE Month	Day Year
ı	٠.	DECEASED (Type or print)	BET		LEE		TAUFFER	DE DEATH January	1 19 66
ł	5.	SEX I	6. COLOR OR				DATE OF BIRTH	I G ACF (in years LIFTIN	DER 1 YEAR HE UNDER 24 HRS
ı	τ.	- Fa		7. 100		MAKK IED S	ay 30,1884	(ast birthday) Mont	hs Days Hours Min.
ı		emale	White					ounty & State, or foreign country)   12	2. CITIZEN OF WHAT
		USUAL DCCUPAT		f retired)	10b. KIND DF BUSII INDUSTRY	TESS OR			COUNTRY?
		ractical					Frederick,	Maryland	U.S.A.
ı	13.	FATHER'S NAM							4
ı			l Valent				Willie An		
1	15. (Ye:	WAS DECEASED I	EVER IN U.S. AR   (If yes give war o	MED FORCES? Ir dates of service	16. SOCIAL SECU		INFORMANT	Address	Frederick, Md.
1		No			217 12 286	07 Mrs	Bessie K.S	tauffer, 100 Fairv	
				-	e per line for (a), (b)		1 0 / 0	-11 , 1 -	INTERVAL BETWEEN
ı	-1	PART I. DE	ATH WAS CAUS IMMEDIATE	SED BY: CAUSE (a)	Petitico	- seleri	tic CVI.	with failure	4 years
ı		422		DUE TD	.,.			/	0
ı		Conditions, if		(b)				· · · · · · · · · · · · · · · · · · ·	
ı	- 1	gave rise to cause (a), st		DUE TD					
1		underlying caus	e last.	(c)					
1	CERTIFICATION	PART II. OTHER S	IGNIFICANTO	7	,	/		ISEASE CONDITION GIVEN IN PART	PERFORMED?
_	S			15%	rancho.	pull	mond		YES NO
	븳	20a. ACCIDENT	WAS UNDERLY	ING	20b. DESCRIBE HO	W INDURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of Item	1 18.)
1		DR CONTRIBUTI (IF EITHER, NO	IFY MEDICAL	EXAMINER)		/			
1	MEDICAL	20c. TIME DF		, Day, Year	20d. INJURY OCCUP		E OF INJURY (Home, fe y, street, office bldg., et	orm, 20f. (City or town)	(County) (State)
ı		Hour a.n p.r		19	While Not While at work at work	le — l	J, 20 65 C, O M C 6 10 E-1 6	10.)	
1	-1				attended the dece		nauch 1 19	2/0 to Jahn / 1	goo that (I) (we) last
1			ceased alive		- 3/19.6	S and that	death occurred at	M, from the causes and o	
1		22a. SIGNATUR		- 6				22b	. DATE SICNED
1		15	1.1	um	do fr	M.D.	ATTENDING [X]	MED. DIRECTOR PHYS.   Ja	nuary 3,1966
	Į	22c. PHYSICIA NAME (Ty			4/		22d. ADDRESS		
		MAINE (1)	B.	O.Thom	as,Jr.M.D.		228 N.Mar	ket Street, Freder	ick, Mary Land
	23a	BURIAL, CREM	A Libra	DATE THERE		E OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	r county) (State)
1		Burial (Spe	Jar	1.3,196	6 Mount	Olivet C		Frederick, Mary	land
\	24.	FUNERAL DIRE	440	udla	PVI t	ESS- Jake	for a	O'D BY REGISTRAR   25b. REGIST	RAR'S SIGNATURE
		M.F	.Etchis	son & S	on Frederi	ck, Maryl	an d DATEA	1 4 1966 Jelia	, by Judgin

VR AI5 (4) 2DM 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciary and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



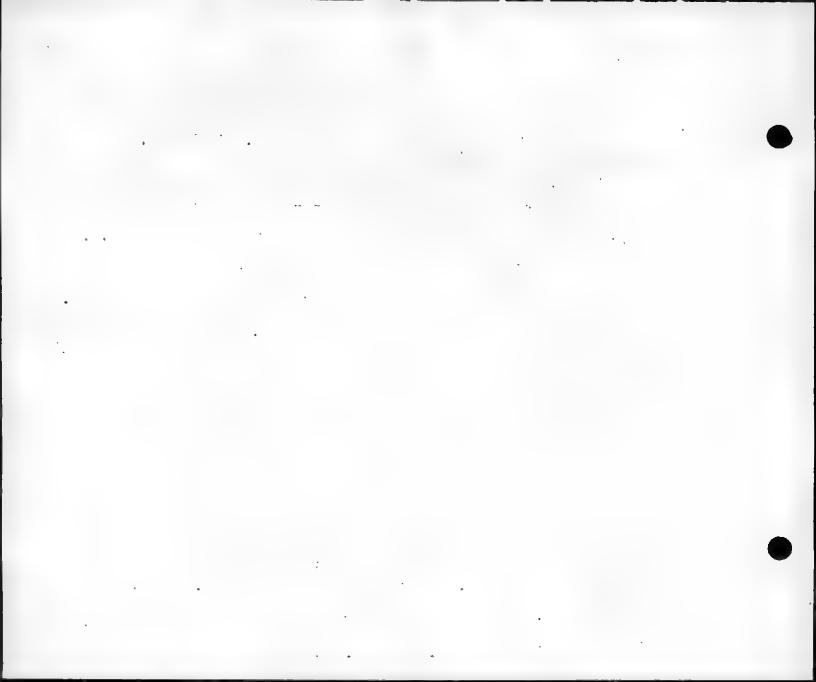
100	tems 18x21 Film G373MARYLAND STATE DEPARTMENT OF HEALTH
STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  11/17/16
the residence of the	PLACE OF DEATH  2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before admissions. COUNTY
	Frederick Maryland Frederick Maryland Frederick
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
_	Frederick Lifetime Frederick  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENCE
	ON A FARM
3	NAME OF First Middle Last 4 DATE Month Day You
	OF DECEASED (Type or print) Jackie Darnell Stimmel Death January 4- 19 66
5	. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
_	Male   White   WIDOWED   October 21-1917   18 yr.
- 0	Da. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
	Recent High School Graduate Maryland U.S.A.
"	George W. Stimmel-(living) Evelyn C. Burgee- (living)
	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT
	(ss, no. or unkown) ((fyasgive warordatesofservice) 212-50-8379 George W. Stimmel-303 Willow Ave., Frederick-
Г	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	AMMEDIATE CAUSE (a) 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
	DUETO Congestive heart
	Conditions, if any, which gave rise to Immediate cause
	(e), stating the underlying DUE TO Interstitial pneumonitis, probably virus
Z	
CATI	YES X NO 1
CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part II or Part II of item 18.)  PRIMARY   or CONTRIBUTING
MEDICAL	Hour e.m. While Not While   fectory, street, office bidg., etc.)
2	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry I, and in my opinion
	death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S B.O. Thomas, Sr. M.D. DEPUTY MEDICAL EXAMINER D I 4-66
22	INAME (Type)  Address (Street, city, fown, or county)  (a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  Address (Street, city, fown, or county)  (State)
	Burial Jan. 7-1966 Mt. Olivet Cemetery Frederick, Maryland 21701
2	3. FUNERAL DIRECTOR Eliveral - ADDRESS Witmore 240. REC'D BY REGISTRAR'S SIGNATURE
_	M.R. Etchison & Son Frederick, Md. 21701 MAN 7 1966 Persyles Judge



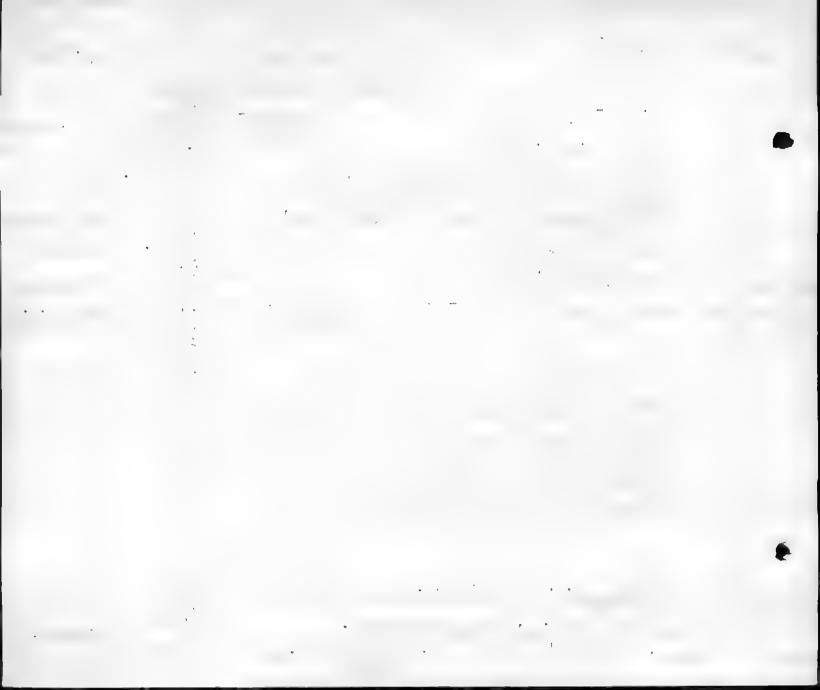
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral. director, page 3 should be detached for use as the burial-transit permit. Then phase i move carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The Taw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending ohysician. Pt a. 1. b. N) DI (T 3. 5. S 10a. U 13. 15. W (Yes, 1 18 C g Ci Ul MED.CAL CERTIFICATION 20 (I 2 2 23a. 24.

DETTER BUSINESS FORMS, INC., BALTIMORE,	, MD, 21201
MARYLAND STATE DEPA	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 3	
	0000
COUNTY Frederick	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
MARYLAND MARYLAND	Maryland Frederick
CITY OR TOWN (If outside corporate limits, write Fund 10 percent town)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Brunswick
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	STREET ADDRESS Ninth Ave. 0. IS RESIDENCE ON A FARM.
MonocacyHall Nursing Home	YES NO
AME OF First Middle	Last 4. DATE Month Day Year
POPE OF Print) LULA STRAIL	LMAN DEATH JANUARY / 1966
	DATE OF BIRTH 2-6-1879  9 age (in years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   Hours   Min.
	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Pennsylvania UCOSNIRY?
Housewille	remisylvania 0494A.
James Cornelius	4. MOTHER'S MAIDEN NAME Ann Kelley
AS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17, INI	FORMANT Address
	gene Strailman Baltimore Md.
B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CAREINOMA OF	THE ESOPHAGUS ONSET AND DEATH DYPS.
150 X DUE TO	
cnditions, if any, which (b)	
ave rise to immediate ause (a), stating the DUE TO	
nderlying cause last. (c)	
ARY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3)  19. WAS AUTOPSY PERFORMED? YES NO X
Da. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part I or Part II of Item 18.)
R CONTRIBUTING CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)	Ext. (Enter include of injury in Fall For Fall For Company
	OF INJURY (Home, farm, 20f. (City or town) (County) (State) street, office bidg., etc.)
Hour a.m. While Not While p.m. 19 at work at work	street, once diag., etc.)
21. I certify that (I) (this hospital) attended the deceased from 1 2	
saw the deceased alive on 11 20 19 65, and that de	eath occurred at A M, from the causes and on the date stated above.
22. SIGNATURE Rechard C. Reynolds, M.D.	ATTENDING MED. STAFF DIRECTOR PHYS.   22b. DATE SIGNED
2c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Richard C. Reynolds	804 Toll House Ave. Frederick Md
BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF BURIAL II-4-66 Park Heights	
Burial I-4-66 Park Heights	Cemetery Brunswick Maryland
The barrens	
le Tuneral Stomer brunsinek	MODELAN 5 1966 To in the Judge

VR A15 (4) 20M 1/65



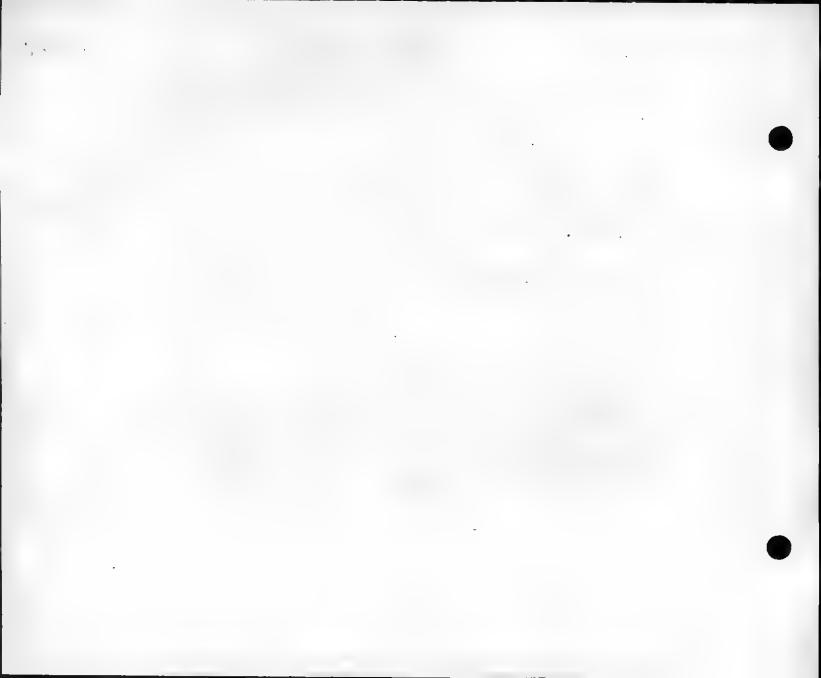
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) lay is necessary, of director, Page for your files. Department of death. e. COUNTY e, STATE b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural- Bartholows Rural- Bartholows d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE the funeral cretained for ON A FARM? State after Mt. Airv 1, Mt. Airy YES NOT 3. NAME OF First Middla DATE Year hours DECEASED OF ‡ (Type or print) 19 66 Alma Mabell DEATH Jan. 11 Thomas 3701 with 72 h 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH rge 5 may be and 2 with within 72 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) and Days Months Female Colored WIDOWED . DIVORCED [ April 44 should be elecuted within \$4 hours after a "in pencil in Item 18. Give Pages 1, 2, 5 office along with form PM3. Page 5 a buriel-transit permit. File pages 1 and ion, or removal, and in any event with 10a. USUAL OCCUPATION IGIVA kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Domestic Frederick County, Md. TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter H. Thomas Ida Ellen Peach 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address -50-8089 Mrs Louise Brightwell. Washington 12. CAUSE OF DEATH [Enter only one cause per line let (a) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO ESALUTER: This certificate should I sate, writing the word "pending" in per the Chief Medical Examiner's Office used as a bu Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying cause lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e): 19. WAS AUTOPSY CERTIFICATION ease execute the certificate, writing the word "
should be forwarded to the Chief Medical Ex
FUNERAL DIRECTOR: Page 3 should be u
ealth or its designated agent, prior to burial, PERFORMED? YES NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I of Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY [Home, farm, Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion MEDICAL death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S B.O. Thomas Sr. M.D. NAME (Type) Address (Street, city, town, or county) 4 should the Health 224. NAME OF CEMETERY OR CREMATORY 228. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, lown, or county) (State) REMOVAL (Specify) Burial Jan.l .1966 Simpson Meth. New Market 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Home, New Market, Md Batt VR A15ME coner uneral 5M 1/63



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY EDERICK and completely filled in by the femove carbon papers. Pages 1, any event, within 72 hours affer 20 16 2 1C MARYLANO c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 9 210 6.VIS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? NO X 0 YES O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. Year Month Day 3. NAME OF First Middle DECEASED 1966 1/ANUARY 16 om pson DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS OATE OF BIRTH 6. COLOR OR RACE NEVER MARRIEO 7. MARRIED last birthday) and WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) the attending physician at permit. Then preason ation, or removal modal 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? MOTHER'S MAJOEN NAME 13. FATHER'S NAME Je029 Co-Md INFORMAN' 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) I (If yes of ye war or dates of service) TO FUNERAL DIRECTOR: After this certificate has been signed by the att director, page 3 should be detached for use as the burial-transit perm should be filed with the State Dept, of Health prior to burial, cremation, 0 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND OEATH OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO MIMATURI Conditions, if any, which (p) gave rise to immediate OUE TO cause (a), stating underlying cause last. (c) 19. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? YES X NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State) MEDICAL 20f. (City or town) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO Hour a.m. Not While While at work at work 21. I certify that (I) (this hospital) attended the deceased from " M. from the causes and on the date stated above. and that death occurred at2 saw the deceased-alive-on\_ DATE SIGNEO 22a. SIGNATURE STAFF ATTENOING. MED. OURECTOR PHYS. AOORESS 22d. PHYSICIAN'S 22c. NAME (Type) (State) LOCATION (City, town or county) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY PEMOVAL (Specify) Ise Nec Ler UrIAL 66 REC'O BY REGISTRAR 25b. FUNERAL DIRECTOR VR A15 (4) 15M 4-64



4	Items 18-21 Film G372MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  MEDICAL EXAMINER'S CERTIFICATE OF DEATH
120	PLACE OF DEATH
Little Didden	a. COUNTY  b. COUNTY
ol director. Page for your files. Department of death.	b. CITY OR TOWN (if outside corporate limits, as LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest fown)
	write RURAL and give neerest town)
<u> </u>	Rural hours Monrovia  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. 15 RESIDENCE  D. 15
;	ON A FARM
-	NOUTE #355 MONTOVIA YES NO K
1	DECERSED OF 1
-	MINISTER AND
l °	last birthday) Months Days Hours Min.
-	Male White WIDOWED DIVORCED J.J. 6 39 126 yrs.     100. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11.º BIRTHPLACE (Siele or foreign equality)   12. CITIZEN OF WHAT COUNTY
	done during most of working life, even if retired)
	Auto Salesman Used Car Dealer Washington, D.C. U.S.A.
] '	72 7
-	Powell S. Thompson B. Demonia Pearre  5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.; 17. INFORMANT Address
10	Yas, no, or unkown) [Hyang Iva war or datas of service)
pue a	No 220 28 11/72 Mrs. Barbara Thompson, Monrovia, Maryland
Гещоуа	PART I. DEATH WAS CAUSED BY
	IMMEDIATE CAUSE (a)
¥	Conditions, if any, which (b)
	sava risa ta immediata causa
	(e), stelling the underlying DUE TO Carbon monoxide poisoning
١,	THE PROPERTY OF THE PROPERTY O
	Was sleeping in car, windows closed, leaking carbon monoxide from a defective muffler  200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH.  No injury - Leak in exhaust
/   }	206. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Pert I or Pert II of Item 18.)
- 18	PRIMARY IN OF CONTRIBUTING   No injury - Leak in exhaust
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [Clty or town) (County) (Stete)
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, leading, stc.)   County) (Stete)  Hour a.m.
1	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
	death resulted from: Natural causes . Accident XX. Suicide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER D
>	EXAMINER'S NAME (Typa) B.O. Thomas, Sr. M. D. Address (Street, city, town, or county)
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
5	Burial Jan 8.1966 Hyattstown Methodist Cem Hyattstown aryland
1	23. FUNERAL DIRECTOR A) ADDRESS TARE 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
9	M.R. Etchison & Son, Frederick, Maryland.   SAN 7 1956   Garley June



## FOR STATE HEALTH DEPT.

TO DEPUTY MEDIX—EXAMINED This certificate slipped by executed within 14 lipurs after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 arca? With the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Ų		00743	M	EDICAL	L EXAMINER'S	CER	TIFICAL	E OF DE	AIH		1) () 7	32			
	1.	PLACE OF DEATH	1			1		E (Where deceased			ice before ad	imission)			
		a. COUNTY	Frederick		MARYLAND		STATE	laryland	b. COUNT	Fred	erick				
	_	b. CITY OR TOW	N (if outside corpora and give nearest to	te limits,	c. LENGTH OF STAY IN 1	b c. C11	Y OR TOWN (If	outside corpora	te limits, write	e RURAL and	give neares	st town)			
- 1		Rura Rura	and give nearest to	vn) Lok	years		F	-	4						
	-				iospital, give street addres	s) d. ST	REET ADDRESS	tural- Fr	0002 202		e. IS RES				
7		Rout	te 2			1	F	Route 2			ON A F	NO.K			
-	3. NAME OF FIRST			Irst	Middle	- 11	Last	4. DATE	Month	D					
	(Type or print)		G	ordon	Winfield !	[roxe]	1	DEATH Januar		ary 9,	19 (	66			
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DAT	OF BIRTH	FUNDER 1 YEA	RIFUNDER	R 24 HRS.					
П	M	ale	White	WIDOWED		23 Ju	23 June 1896   last birthday   Months					Days Hours Min.			
	10a	. USUAL OCCUPAT	ION (Give kind of working life, even if retire		CIND OF BUSINESS OR	11.	BIRTHPLACE (S	tate or foreign c	3.44	12. CITIZE					
	auj	Labore			NDUSTRY Laborer	Cr	eagersto		U. S.						
	13.	FATHER'S NAM	E			14.	NOTHER'S MAIL	EN NAME							
	1	Harvey J.	Troxe11			Emily C. Ramsburg									
			EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.   1	7. INFORM	IANT	2	14 Apriless	Patrick	St.,				
		Yes	WWar 1	2	15-18-2491 N	irs. G	race S.	Stull, F	rederic	ck, Md.					
	Ī	18. CAUSE OF	DEATH [Enter only or	ne cause per	line for (a), (b), and (c).					I IN	TERVAL BET	TWEEN			
	PART I. DEATH WAS CAUSED BY: Coronary Thrombosis											DEATH			
		420	) DUE												
	Conditions, If any, which } (b)   Arteriosclerotic heart disease														
		gave rise to immediate ( cause (a), stating the DUE TO													
		underlying cause last. (c) Exposure										i volta il			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)  PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While Not While at work at work at work											TOPSY MED?			
0	ICA										YES	NO 🔀			
	RTIE	20a. EXTERNA PRIMARY [] or	L CAUSE WAS CONTRIBUTING [] 'H.	20b.	DESCRIBE HOW INJURY OF	CCURRED. (	Enter nuture o	i injury in Part i	or Part II of	item 18.)					
	L CE							000 (01)		(Canada)		State)			
	JICA	20c. TIME OF Hour a.r	INJURY Month, Day,		En.	ctory, stree	NJURY (Home, fi t, office bldg., e	rm, 20f. (City tc.)	or town)	(County)	(3	State)			
	ME	р.:			Not While at work				9	- American					
		21. I certify	_		nains described above,	_	_		X, Inquir	,	nd in my	opinion			
		death result	ed from: Natura	l causes 🔀	, Accident,	Suicide	_], Homici	<u>-</u>	determined n	nanner []					
		ACTUAL	RMI	P			CHIEF MEDICA		}		22. DATE S	SIGNED			
h		SIGNATURE	10011	ror	yas.	M.D.		DICAL EXAMINER			Jan.9-				
3		EXAMINER'S NAME (Type)	B.O.Thomas					t, city, town, or	<u> </u>						
	23a	BURIAL CREW	ATION, 23b. DATE		23c. NAME OF CEMET				ION (City, 10W			tate)			
		BUTTAL (Spi	ecify) 1/13/		Arlington Na	tiona	1 Cem.	Ft. My	ver, Va	•					
	24	FUNERAL DIRE	CTOR COLLEGE	1 7	ADDRESS / Pri	tmer	-	C'D BY REGISTRA	R 25b. REC	SISTRAR'S SI	SNATURE				
		M.R.Etc	hison & So	n	Frederick, 1	Md.217	OL DATE N	1 3 1966	3	18	12	1			

VR ALSME (5) 1/65



	MARYLAND STATE DEPARTMENT OF HEALTH									
4			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND						
1			CERTIFICATE OF DEATH	06733						
ould			PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions	(asidence before adm ss.on)						
the fur	7	(	COUNTY  FIEDER CK  MARYLAND  MARYLAND  CITY OR TOWN (If outside corporate limits, while RURAL en.	ERICK d give neerest lown						
24 h in by 1 and fer dea			FREDERICK BMONTHS WOODSBORD	I a. IS RESIDENCE						
Page Page	90	F	NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address)  LENERICK NIBSING CENTER	ON A FARM?						
cuted pletely apers, 72 ho			NAME OF DECEASED TO First Middle Lest 4. DATE OF DECEASED OF DECEASED TO DECEA	Day Year						
d com		5	SEX [6. COLOR OR RACE 7. MARRIED NEVER MARRIED ] 8 DATE OF BIRTH 9. AGE (In years IF UNDER )	YEAR IF UNDER 24 HRS. Days   Hours   M.n.						
cate b ian and ve car vent, v	(I)	104	MALE WIDOWED DIVORCED 3 - 80 83 YES. USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT COUNTRY!						
certifi physic remo any e		13.	FATHER'S NAME	U.S						
death nding please and in		12	WAS DECEASED EVERIN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT	_						
at the le atter		(Ye	S, no, or Inkown) (Ifyesgive warprdatesofservice) 563-14-2587 MAC I WALLINGFORD, WOO	D3BORO MI						
ician. by the			18. CRUSE OF DEATH Enter only one capsed per I no for (o), (b), and (c)    PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wronic Com Gentleric & Culture	ONSET AND DEATH						
requision, signed			DUE TO OUT TO CONTRACT OF THE TOTAL	3110000						
he law lending been urial-tr			geve rise to immediate couse  (a), stating the underlying  (b) UTUCAS UT	- Jage						
N: T or at e has the burial		z	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY						
Spital riffical se as or to	-	ICATIO	Salamean cell Marginesina of Scalp	YES NO						
PHYS the ho his ce I for u		CERTIF	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW NJURY OCCURED. (Enter neture of injury in Pert I of Idem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
DING led by After t etached of Hea		MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)  Hour a.m. While Not While factory, street, office bldg., etc.)	unty) (Stela)						
retain FOR: De d			21. 1 certify that (I) (this hospital) attended the deceased from	. C., that (I) (we) last						
P S S S S S S S S S S S S S S S S S S S			saw the deceased alive on	the date stated above.  22b. DATE						
L DIR			M.D. ATTENDING MED. STAR PHYS. DIRECTOR PHYS.	SIGNED						
Page NERA r, pagi	- Carrier	1	TANTES BIHOMAS FREDERICK MAR	YLAND.						
death.  O FUN director be filec		22	BURAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL ISPORT NINCOLN BLADENS BUR	(State)						
VR A15 (4)	8	25	Fineral director's Signature Address 258 REC'D BY REGISTRAR 256. REGISTRAR'S	0						
15M 9/60	MI	12	well + Horsper 1100DSBOKO 101D, DATAN 12 1956	0-0						



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires thall the dead Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND															
O0751 CERTIFICATE OF DEATH															
1.	PLACE OF DEAT	H	-			2. USUAL RES	IDENCE	(Where deceased					mission)		
	a. COUNTY FI	rederick	a. STATE Maryland b. COUNTY Frederick												
	b. CITY OR TOW	/N (if outside corpora	te limits,	c. LENGTH	OF STAY IN 1b	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	Trong	and swe nearest to	411)			Knoxy	Knoxville						10.1		
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (If not	in hospital, give	street address	d. STREET ADD	DRESS				0.1	S RESI	IDENCE		
												ON A F	ARM?		
	11414 05					<u> </u>					YES		No 🕰		
3.	NAME OF DECEASEO	HANNAH	Irst		iddle Colentu	Last		4. DATE OF	Month		Oay	Year			
	(Type or print)			MARY	WEBI			DEATH	I		10	19			
5.	SEX	6. COLOR OR RACE	7. MARE	RIED A NEVER	MARRIEO [	8. OATE OF BIRT			(In years IF t birthday) M			UNDER	24 HRS.		
	F.	W.	WIDO		DIVORCED [	7-15-6	F/87	9 86	yrs.	Diffus Di	вуз г	ours	MILL.		
10a	a. USUAL OCCUPAT	FION (Give kind of work	done 1	Ob. KIND OF BUSI	NESS OR	11. BIRTHPLA	CE (Cou	nty & State, er fo	reign country)	12. CITI	ZEN OF	WHAT			
	House	ing life, even if retire	",	INDOSINA		Knoxvi	.lle	U.S	OUNTRY? S.A.						
13.	. FATHER'S NAM	IE				14. MOTHER'S	MAJOE	N NAME							
	John N	Numberger				Annie	e Ca	rey							
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?	16. SOCIAL SECT	URITYNO.   17.	INFORMANT			Address						
(Te	is, no, or unkown)	(If yes give war or dates i	of service)	none	J.	ohn 1. Webber Knoxville Md.									
	I 18 CAUCE OF	DEATH FESTER ONLY OF	18 C211C0						72 7 4 4 4 4 0			AL DET	MEEN		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: A CUITE Congestive Heart Failure									ONSET AND OEATH					
	PART I. DEATH WAS CAUSED BY: Acute Congestive Heart Failure									2 hrs.					
	DUE TO														
	Conditions, If any, which (b) Acute Pneumonitis										5 days				
	gave rise to immediate ( cause (a), stating the CUETO														
	underlying caus	se last.	(c)												
é	PART II. OTHER:	SIGNIFICANT CONDITI	DNS CONT	RIBUTING TO DEA	TH BUT NOTREL	ATEO TO THE TERM	INAL 01	SEASE CONOITIO	NGIVEN IN PA	RT 1(a)		AS AUT			
CA											YES		NO X		
TE	20a, ACCIDENT	WAS UNDERLYING	20	b. OESCRIBE HO	OW INJURY OCC	URREO, (Enter nat	ure of I	njury in Part I	or Part II of I	tem 18.)					
CERTIFICATION	OR CONTRIBUTE	WAS UNDERLYING ING CAUSE OF DEATHER MEDICAL EXAMI	TH NER)												
'AL		INJURY Month, Day,		od. INJURY OCCU	RRED 120e, PL	CE OF INJURY (Ho	me, farr	m.   20f. (City	or town)	(Count	γ)	(SI	tate)		
MEDICAL	Hour a.r	n.	Ìw	hile Not Wh	ile facto	ory, street, office b	ldg., etc	3)		(=	**				
Σ	p.1			work at wor		10v 00	_	50 I	on 10	- 66					
	21. I certif	21. I certify that (I) (this hospital) attended the deceased from May 20, 19 60, to Jan 10, 19 66, that (I) (we) last saw the deceased alive on Jan 10, 19 66, and that death occurred at 2A M from the causes and on the date stated above													
	day the deseased dive on the title detail coourted de														
Н	ZZa. SIGINATO	22a. SIGNATURE ATTENDING MEO. STAFF 22b. DATE SIGNED													
	22c. 19100001	M.D. PHYS. \(\times\) OIRECTOR \(\times\) PHYS. \(\times\) Jan. 11. 19											1966		
H	NAME (T)		Rvr	on Kao,	M.D.	22d. ADORE	:55	Gum Sp Brunsw	ring H	lollo laryl	and				
00	DUOLS OF THE												=		
23a	REMOVAC 485	ATION, 130.T DATE	REGE	Khox	TITLE METER	ensetery	r	MoxV	THE TOWN	or count	ary	181	rg l		
-0.0				100	D.C.O.O.	7	0.000	0 04 0001000	n   net	lavotali-		to P			
24.	. FUNERAL DIRE	A /	D	AOOF		25a	. REG'(	D BY REGISTRAL		ISTRAR'S	-0.000				
12	ele Tun	eral Hon	CDT.	unswick	Maryl	and DAT	E	13 1996	1 1	comper By	Jus	1			

VR A15 (4) 20M 1/65



Frederick, Md. 21701

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 5-63

M.R. Etchison & Son

b, COUNTY Carroll e. IS RESIDENCE ON A FARM? YES -NO T Month Day January 20 19 66 IF UNDER 24 HRS 9. AGE (in years | IF UNDER 1 YEAR last birthday) Months Hours 1 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO X (Stata) (County) asa. Z.O., 19.de, that (1) (we) last 22b. DATE Jan 21-1966 SIGNED (State)

TELLIN TO Stiment STREET, STREET en endouge's Ame with steem \$ 000,000 months . . . disc south The roll interior Hall thereing absorb collect mile of melline a TOTAL BE VALUE OF A STATE OF THE STATE OF TH THE MALE STATE Lil. Non-Charles to Clive to step 10. There as 16. Mill. The coolings and described to the control of the co 3610U #outourite \_\_\_\_\_ attacked \_\_\_\_\_ Making mad the term MATERIAL CONTRACTOR CO The state of the s and a filtra Talan and manufact, days in Tullet Ellist aged. V. Eva more accordance of the The state of the s There's water of the third the the should not be produced by the Street Street Street Street Street Street the state of the s Service Control of the Control of th E A.DETTBARK Description of the state of the communication of th Color to without a color of the color of the